How might we deepen our understanding to effectively act as an Accountable Community for Health - generating value, community health and well-being?

Vermont Blueprint for Health
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Discussion Overview

❖ ACH model background (high level)

❖ California Accountable Community for Health Initiative

❖ CACHI Infrastructure support

❖ Systems Change Framework and Implementation example

❖ Early Learnings

Community Health Improvement Models

Affordable Care Act (ACA) brought a new focus on health care delivery, centered on providing value-driven care

Background and Context

Center for Medicare Medicaid Innovation (CMMI) funded **State Innovation Model (SIM**) grants.

25 States awarded SIM grants ranging from $500K to $65 million dollars for up to 3 years.

Under SIM, several states tested **Accountable Community Health models** to advance SIM goals and address the full range of clinical and non-clinical factors that influence health.

The model focuses on partners from health, social service, and other sectors to improve **the total population health and clinical-community linkages within a geographic area.**

Core Design Elements

❖ **SHARED RESPONSIBILITY** for the health of the community

❖ The shared responsibility and ownership is **ACROSS SECTORS TO ALIGN APPROACHES AND RESOURCES**

❖ Systems Change focused on equity

❖ **Common Core Elements**
  ❖ Geography
  ❖ Mission and vision
  ❖ Governance
  ❖ Multisector partnerships
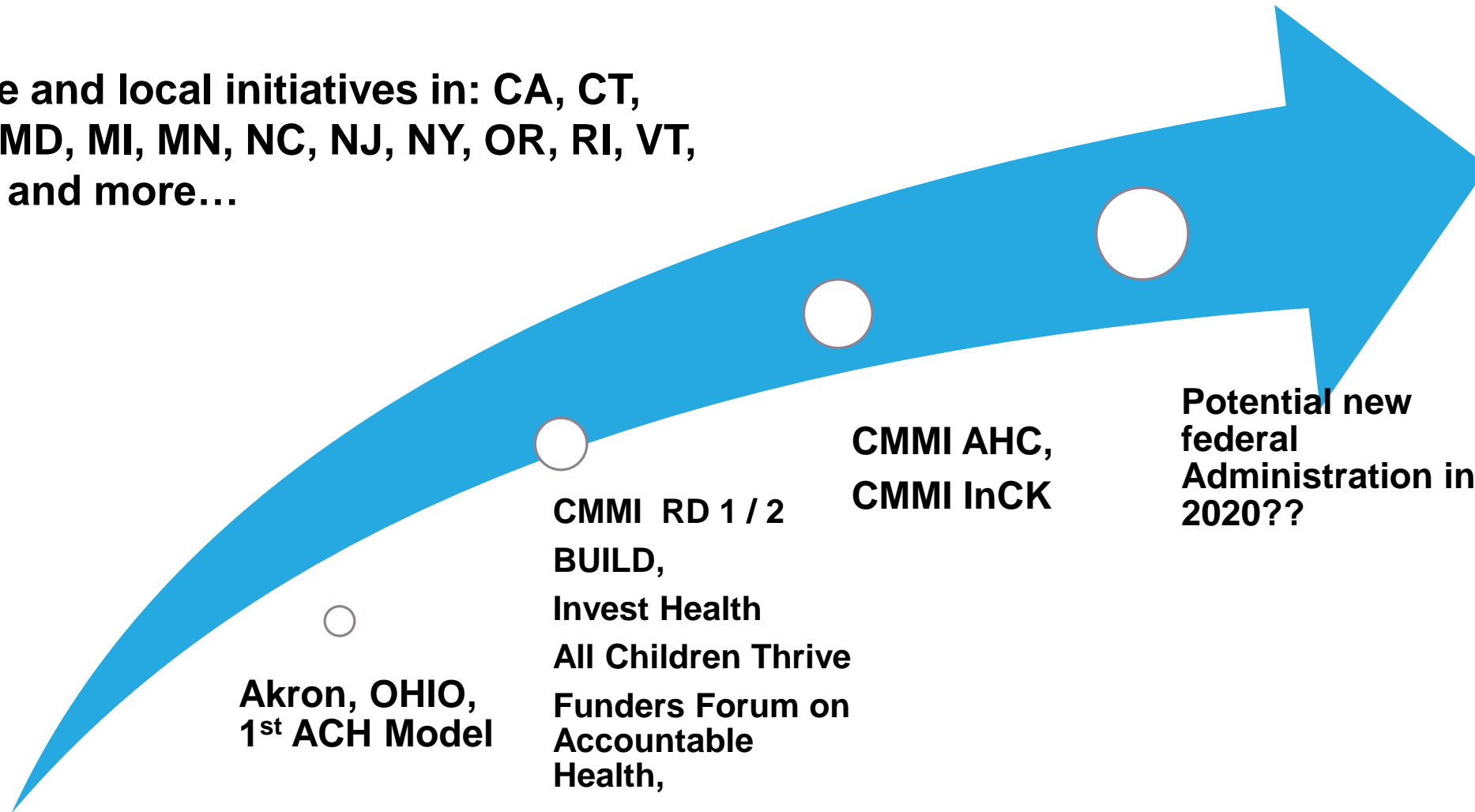 ❖ Priority and focus areas
  ❖ Data and measurement
  ❖ Sustainability

High Level State Innovation Model Activities

State	Characteristics
California – 15 sites	Philanthropy funded, Community selected focus, 7 definitional elements
Connecticut	**Health Enhancement Communities,** focused on root causes Still in planning
Delaware- up to 10	**Healthy Neighborhoods** MCH, Lifestyles, Mental Health, Chronic Disease Prevention and Management
Michigan - 5 sites	**Community Health Innovation Region** ED utilization, Community selected focus needs
Minnesota- 15 sites	Statewide + condition focus
Oregon – 9 sites	**Coordinated Care Organizations**, Metrics, Risk Bearing entities
Rhode Island - 10 sites	**Health Equity Zones** Chronic Disease, Birth outcomes, Social Emotional neighborhoods
Vermont – 10 sites	Health service areas 9 definitional elements **AMAZING!**
Washington – 9 sites	Regional Service Areas, 4 domain areas, 52 measures

Accelerating Momentum

State and local initiatives in: CA, CT, DE, MD, MI, MN, NC, NJ, NY, OR, RI, VT, WA, and more…

Akron, OHIO, 1st ACH Model

CMMI RD 1 / 2

BUILD,

Invest Health

All Children Thrive

Funders Forum on Accountable Health,

CMMI AHC, CMMI InCK

Potential new federal Administration in 2020??

Leaders across California are actively engaged in efforts to make ACHs a reality.

CACHI is supporting 15 communities throughout California to promote the development of an ACH.

California Accountable Communities for Health Initiative

Identify a chronic condition, set of related conditions and/ or community condition
Select a defined geographic area - 100- 200K population

Catalyst Sites

- 6 sites
- $250-300K per year for 3 years
- Address all 7 CACHI definitional elements
- Extensive Technical Assistance supports

Accelerator Sites

- 9 sites
- $80K for 30 months
- Address 2 definitional elements (minimum)
- Limited Technical Assistance supports

California Accountable Communities for Health Initiative

An Accountable Community for Health is:

A structured and enduring platform for bringing together the health care delivery system, public health, social services and community based programs, other related sectors and institutions, <u>and</u> residents in order to collectively improve the health of the community.

The California Accountable Communities for Health Initiative will:

Assess the feasibility, effectiveness, and potential value of a more expansive, connected and prevention-oriented health system
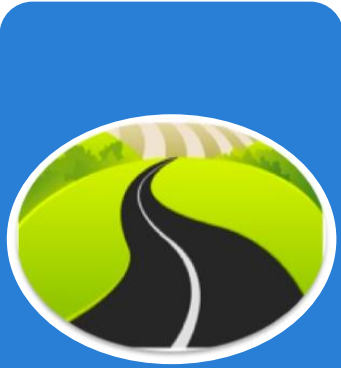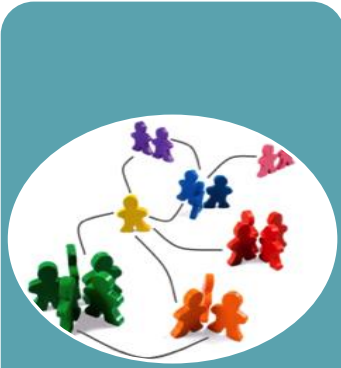
Shared vision, goals and purpose

Governance (partners + leadership

Resident Engagement

Backbone Organization

Data Analytics and Sharing Capacity

Wellness Fund + Sustainability

Portfolio of Interventions

EQUITY

7 DEFINITIONAL ELEMENTS

SHARED VISION, GOALS + PURPOSE

A shared vision is based on an **agreed upon understanding of the nature of the health problem** and or community conditions.

- ❖ This is **the critical first step** to ensure participants have a clear understanding of the purpose and expectations of the ACH Collaborative
- ❖ Provides a **foundation for collective accountability** to achieve the goals.

PARTNERSHIP, LEADERSHIP + GOVERNANCE

The ACH Collaborative should include senior leadership from many **partner organizations** and be governed by a leadership team. Governance of ACH should:

- ❖ **Reflect the bigger system** that can impact the shared focus and vision
- ❖ **Promote alignment toward a common set of goals** to make real progress.
- ❖ **Include key sectors and organizations, such as health plans, hospitals, clinics, public health, transportation, education, housing, etc.**
- ❖ **Clearly identify roles and responsibilities, ensure accountability, sets priorities and monitor progress**

RESIDENT ENGAGEMENT

The ACH should **ENGAGE RESIDENTS AND THE COMMUNITY-AT-LARGE IN THE GOVERNANCE OF THE ACH, AS WELL AS THE DESIGN AND IMPLEMENTATION OF INTERVENTIONS.**

Such efforts could include:

❖ Processes for regularly communicating with residents about the portfolio of interventions and progress on other aspects of the ACH.

❖ Accountability mechanisms to the community.

❖ Leadership training for residents to enable their participation in the ACH

BACKBONE ORGANIZATION

The Backbone Organization is the identified entity that functions as the ACH Collaborative **facilitator and convener**.

❖ This is the **key facilitator to convene and connect broad community stakeholders** and the formal ACH Collaborative structures.

❖ **However, governance is led by the ACH Collaborative Leadership**

DATA ANALYTICS AND SHARING CAPACITY

The ACH Collaborative requires **data collection, data sharing and aggregation of health and financial data** from disparate clinical and non-clinical services and programs.

❖ The ACH should **collectively measure the things that matter** and demonstrative value of the collective efforts

❖ Individual, community and population-level **data should be collected and reported** across a variety of providers and organizations.

WELLNESS FUND

Is a vehicle for attracting, braiding and blending **resources to support the goals, priorities and strategies** of the ACH Collaborative.

❖ **Provides resources for the ACH infrastructure, including the Backbone organization**

❖ **Supports interventions** that the ACH Collaborative prioritizes for which there are no other funding sources

❖ **Transparency and clarity** about the roles and decision-making authority between the Wellness Fund, the ACH Collaborative and the Backbone Organization are critical to maintain trust and accountability to the community.
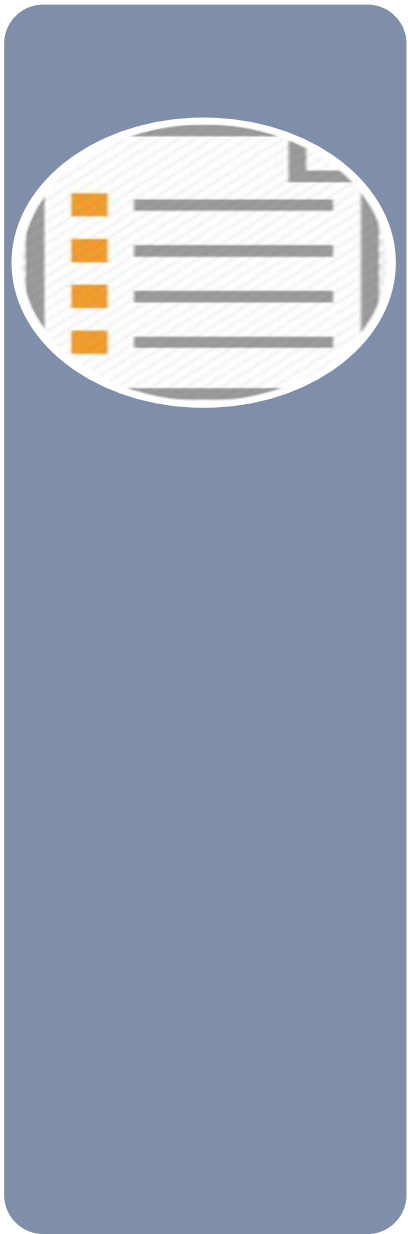
PORTFOLIO OF INTERVENTIONS

A set of **mutually supportive interventions that address a particular health need**, chronic condition, set of related conditions, or community condition **across five key domains:**

- ❖ **Clinical care**
- ❖ **Community programs and social services**
- ❖ **Community-clinical linkages**
- ❖ **Environment**
- ❖ **Policy and systems changes**
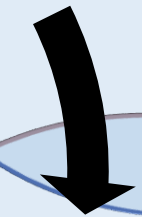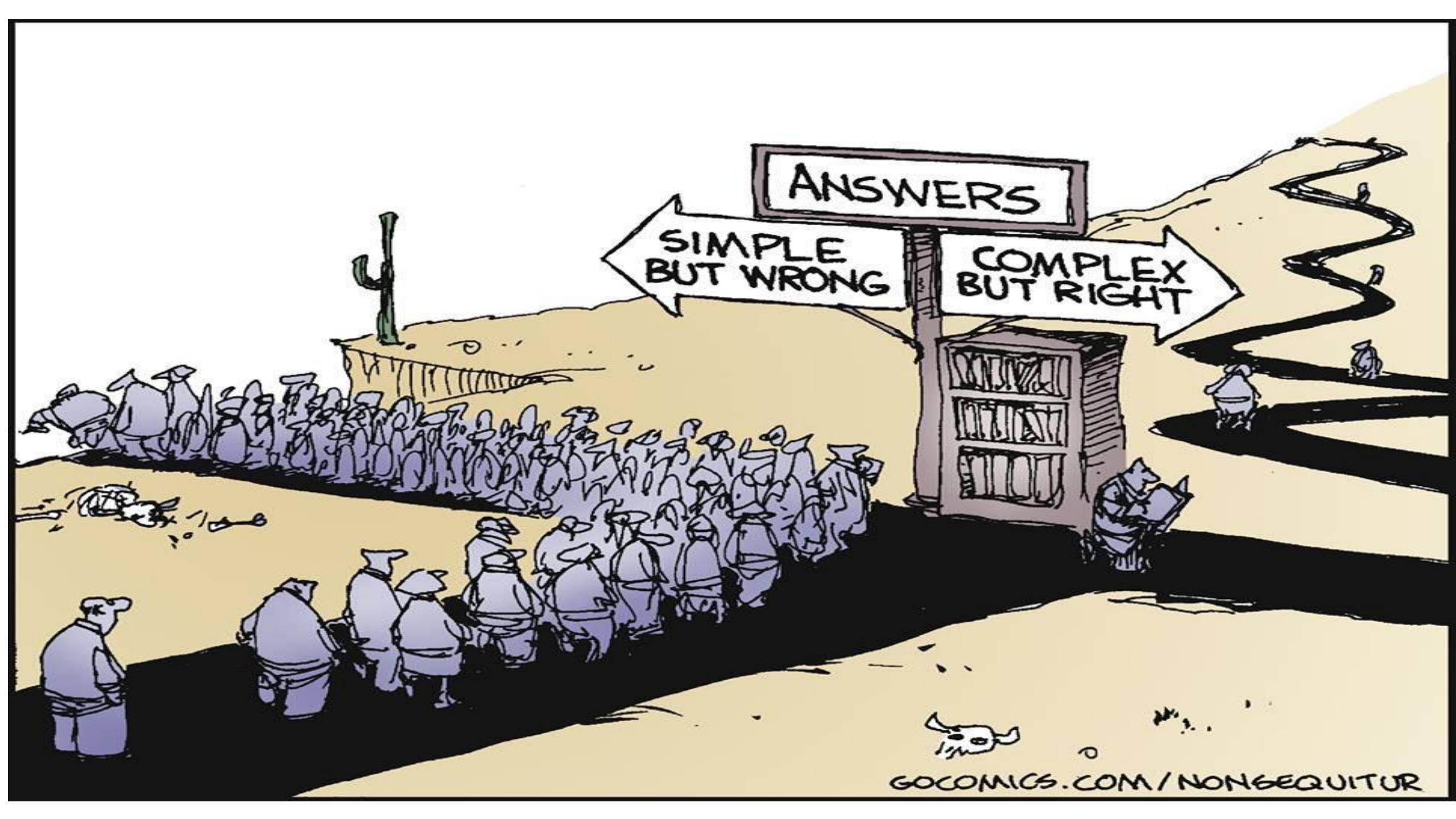
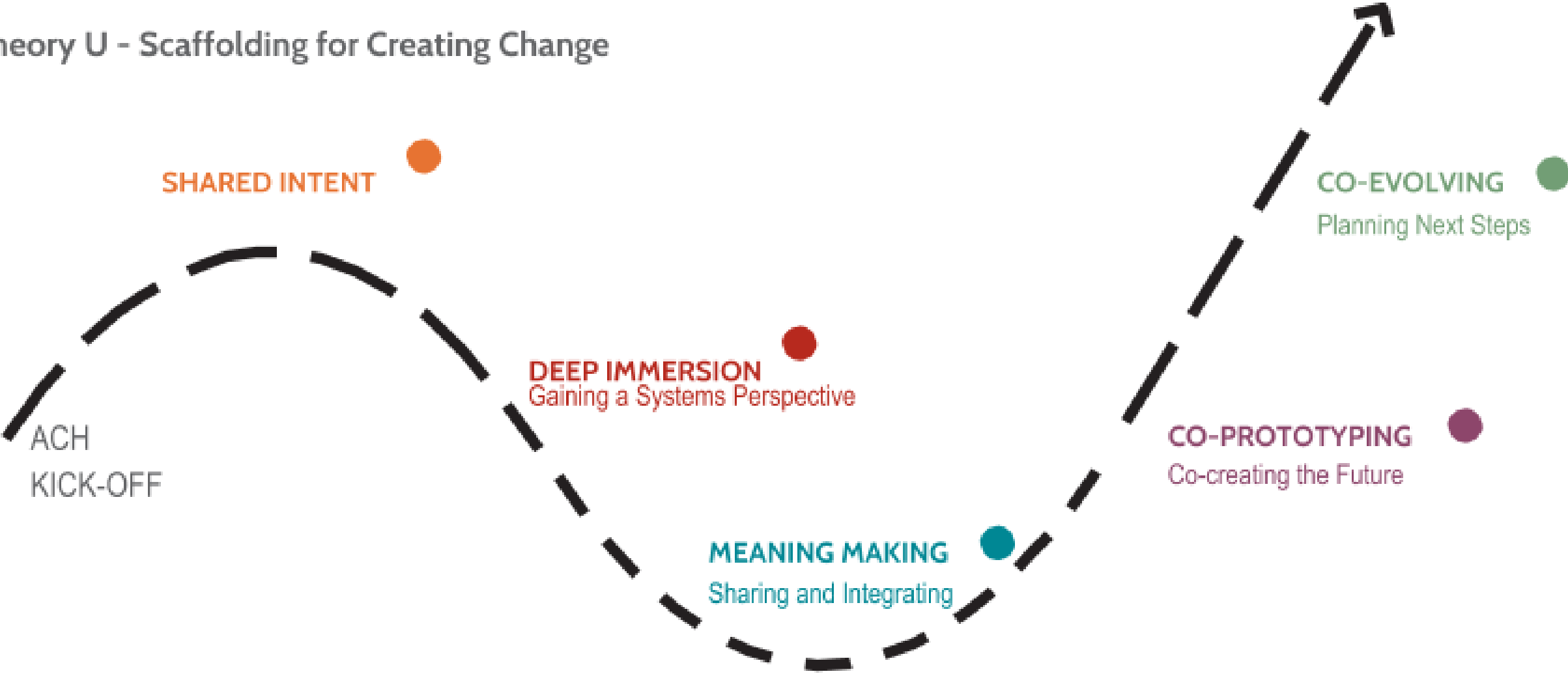# CACHI Accelerator Infrastructure Support

Shared Design Challenge

How might we deepen our understanding to effectively act as an Accountable Community for Health - generating value, community health and well-being?

- ❖ **Monthly one on one coaching**
- ❖ **Community of Practice- Group Zoom Calls**
- ❖ **Web Discussions**
- ❖ **Curriculum, tools and templates**
- ❖ **Shared document storage**
- ❖ **Meeting Facilitation support**
- ❖ **Convenings**
- ❖ **Technical Assistance and Resource Brokering**
  - ❖ **Resident Engagement**
- ❖ **Evaluation**
  - **Milestones**
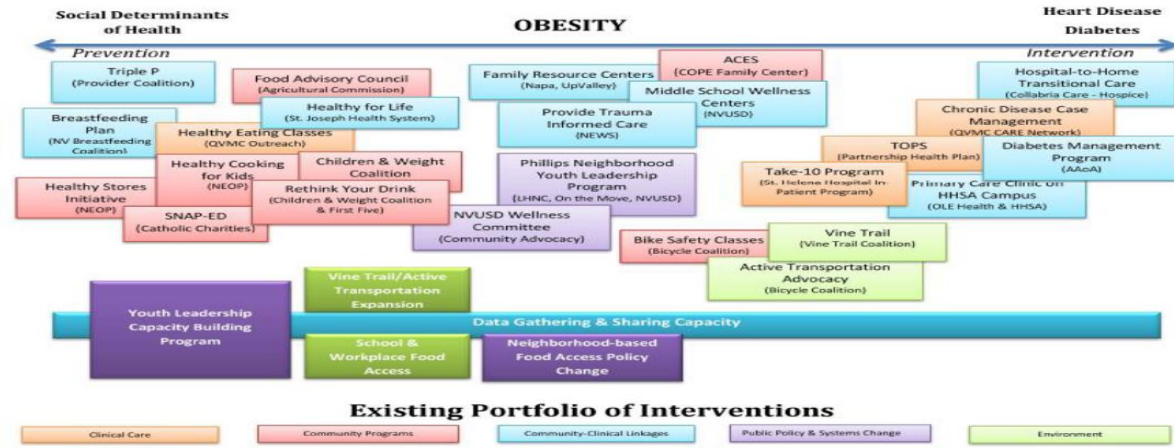 - **Definitional Element Capacity Assessment**

Theory U – Scaffolding for Creating Change

SHARED INTENT

CO-EVOLVING
Planning Next Steps

DEEP IMMERSION
Gaining a Systems Perspective

ACH
KICK-OFF

CO-PROTOTYPING
Co-creating the Future

MEANING MAKING
Sharing and Integrating

Shared Intent

ACH members come together to share their deepest intent through engaging in conversations and seeking solutions to creating health across your communities.

5/15/2019
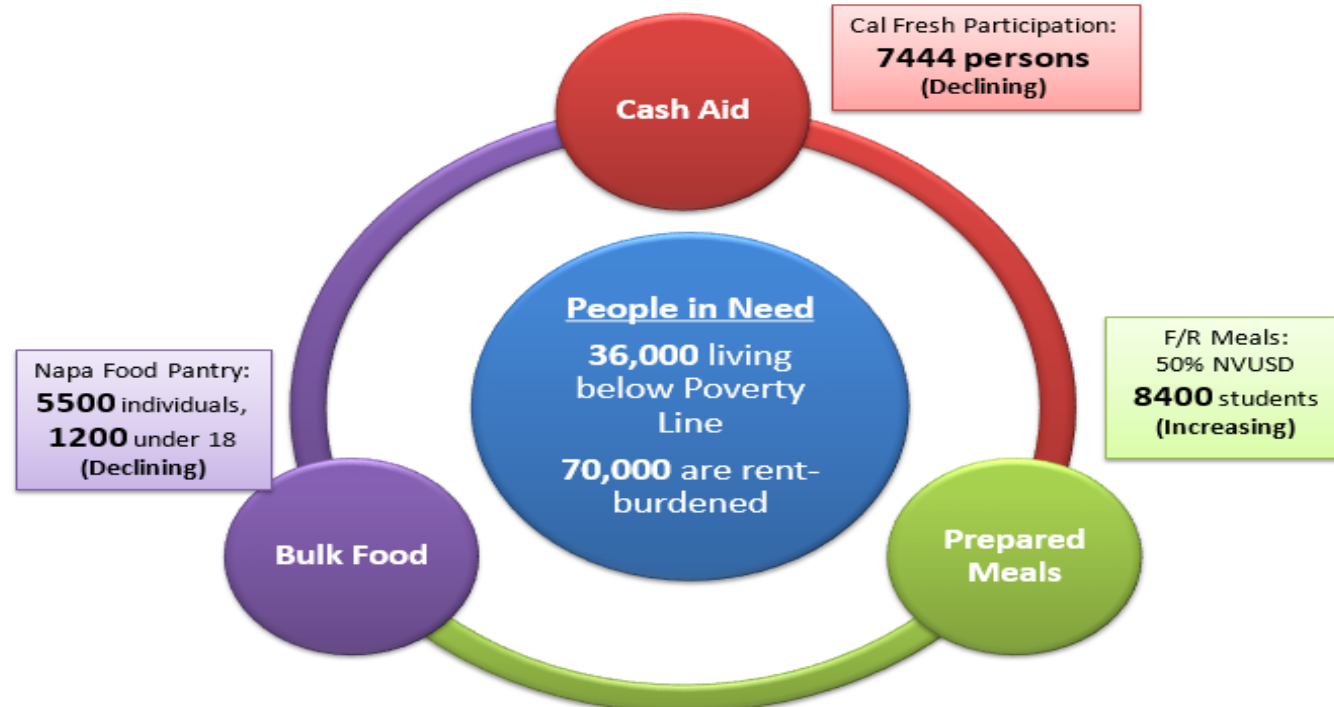
Creating a Survey Strategy

Systems Perspective

ACH members suspend the knowledge they have on health in their communities so that they could learn with fresh eyes and see through another person's lens.

Meaning Making

ACH members reflect and share what they have learned to make meaning.

This is a time to test and revisit your Shared Vision and Goals - and check if it is aligned with what you know now

Does it need refinement or iteration?

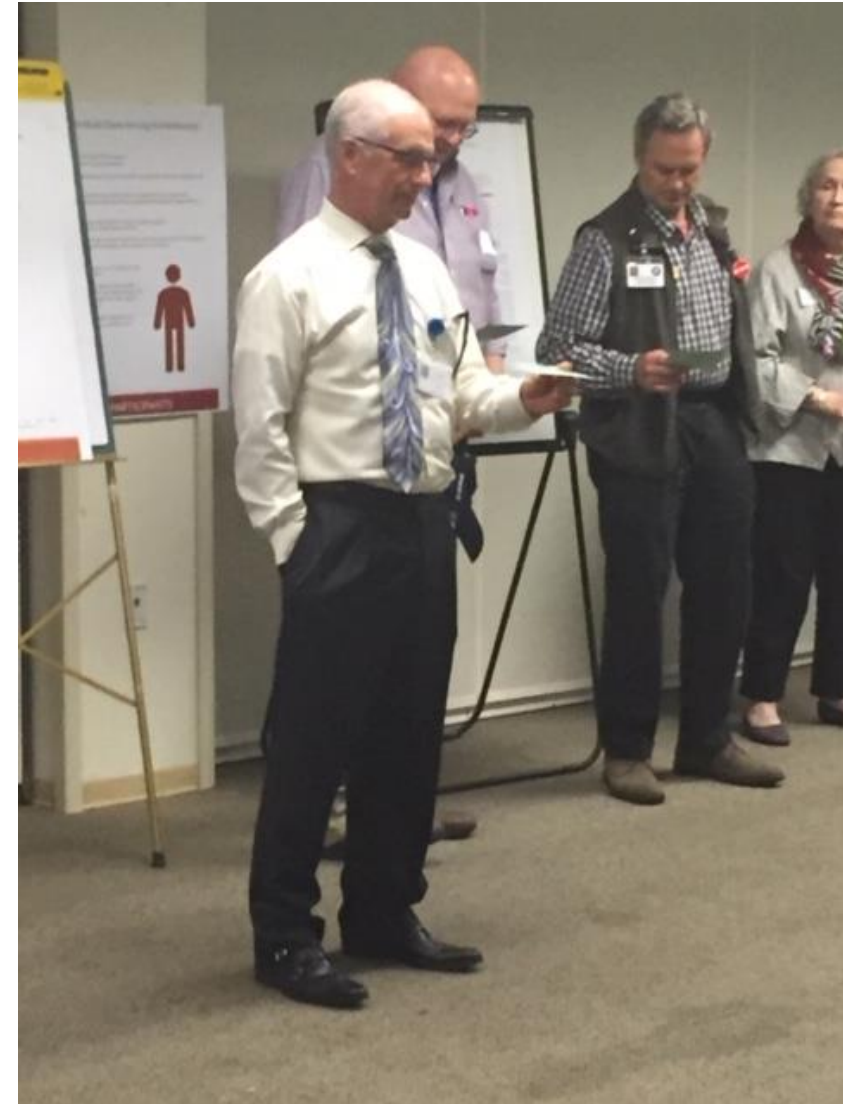# Persona Circle

I am experiencing homelessness
I am at risk for food insecurity
I speak English

What would help you be able to eat what you want?

Living in a place with a refrigerator and critter proof.

Not in a vehicle or a tent

NAPA COUNTY
FOOD ASSISTANCE PROGRAMS
Adults experiencing homelessness

May. 10 · 2018

STIGMA

People are afraid to talk to us

Staring and judging

FEAR

Anxiety
Depression

Getting through the crowd is tough

Mental illness

We are not muggers

USING THE FOOD

POWER

No place to store cold food

No proof of residence to register

Food goes bad fast

SHELTER
NO FOOD

Can't prepare nor store food

No outside food in the shelter

Can't eas some of the food

TRANSPORTATION

WELCOME TOURISTS

Public transportation less available when events in town

Substantially less public transportation available on Sundays

Difficult to carry food

BUS STOP

SOLUTIONS

PUBLIC LIBRARY
COOK your own meal

Place to cook and enjoy a meal

Educate the public about homelessness

COOK TRUCK
WELCOME

FOOD STORAGE

Solar powered cooking and refrigeration

PARK

Sponsor homeless person program

Include those who have experienced homelessness to be part of the solution

Prototyping

After meaning making, the ACH should begin co-creating solutions to the pressing challenges they are working to alleviate.

Time to experiment (prototyping) of ideas, services, products and potential actions that bring you to your desired state.

Scaling

Ideas tested and improved in the prototyping phase can be translated into a detailed Portfolio of Interventions.

Next Steps: Selection of Portfolio of Interventions

- ❖ Hold a series of meetings to brainstorm and start prototyping

- ❖ Bring solutions to scale

- ❖ Capture solutions as part of a **portfolio of interventions** for food insecurity

| Obesity | High cost of housing | Food insecurity | Loneliness, Social isolation, respect |

Early Learnings

Complexity
- Standing up an ACH is iterative and non-linear and there are many interdependencies across the key model elements
- TA needs and approaches emerged through implementation; uptake of external TA has added momentum to implementation

Systems and Culture Change
- Requires a new mindset and mind shifts – **NOT BUSINESS AS USUAL**
- CACHI, in effect, is a disruptor to business as usual in communities. The associated discomfort is an expected part of the systems change process.
- Grantees are focused on cross-sector systems changes more than programmatic sustainability, which is in keeping with the CACHI intent

Portfolio of Interventions
- A clear target condition serves as a catalyst for partners to coalesce around and understand their contributions to the collective
- Development of POI occurs through 3 phases: Creation, Implementation, and Refinement, with mapping and inventory being a critical first step

Early Learnings

Review and Selection Process

- A strong vision for health equity and community health, along with the need for system transformation, that predated the ACH RFP is emerging as critical success; CACHI represents a path to achieving the vision, rather than a funding opportunity

Community Readiness

- Communities were not as "ready" as anticipated based on their proposals and site visits.
- Although the applicant understood the vision of CACHI, it took time to bring along many key partners
- Virtually all grantee communities had some partnerships established, but needed to add new organizations and sectors.

No Single ACH

- Each community's ACH is structured in response to its history of collaboration, the health care market, and other dynamics.
- There can be many entry points into an ACH – community based effort, clinical based effort; what is critical is the shared vision and understanding of the problem

Early Learnings

Wellness Fund

- Most communities' efforts to develop the Wellness Fund follow the establishment of governance, a preliminary portfolio of interventions, and efforts regarding an overall sustainability strategy.
- The process of selecting a WF involves trust and grappling with governance relationships
- Communities are exploring a range of financing options, starting with traditional grants and fundraising

Resident Engagement

- Understanding of the need to do this and much uncertainty of the "right way"
- Communities are increasing their investment of time and resources in a variety of community engagement activities, such as a resident leadership and training program and workgroups dedicated to resident engagement in order to authentically address community issues
- Issues regarding race, equity, and historical discrimination are emerging throughout the communities

Governance

- A distributed leadership approach is an implementation accelerator, with most sites establishing subcommittees with specific activities.
- Stewardship is a powerful and important concept that sites are beginning to contemplate as part of the CACHI model
- "Going slow to go fast" is emerging as an important strategy for success—trust is critical and takes time to develop

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Wellness Fund & Sustainability Plan

Sustainability Plan

Describes the value proposition, overall strategy and potential funding mechanisms to support two goals:

- ❖ Sustain the ACH infrastructure, including backbone organization and joint ACH functions, such as data sharing

- ❖ Fund the gaps identified in the Portfolio of Interventions: *start new interventions* for which there isn't funding and *spread and scale existing interventions*, in order to enhance reach and depth
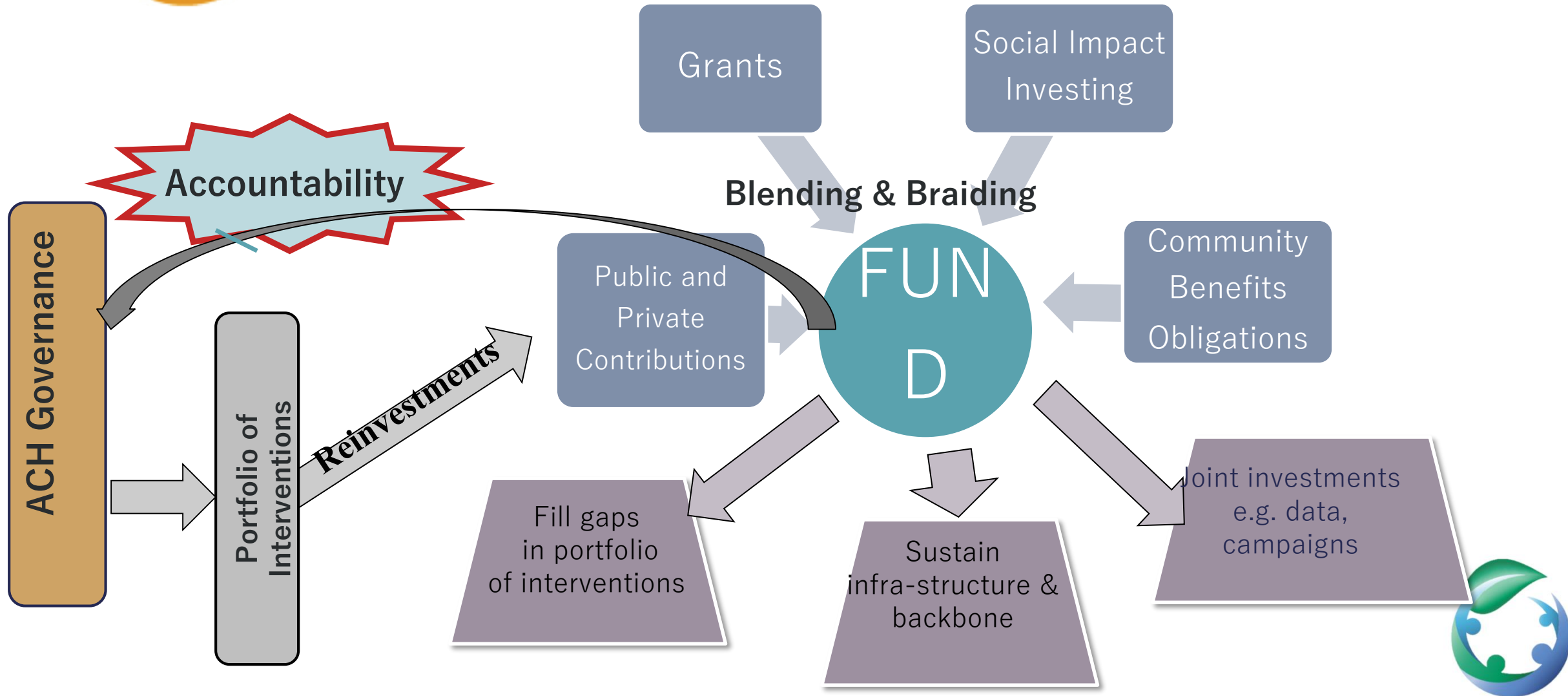
Wellness Fund

Vehicle (structure) for bringing together various public and private funding and resources

Other Examples

❖ **Humboldt**

- ❖ **Substance Abuse focus area – Treatment**
- ❖ **First 5 – Statewide organization focused on 0-3**
- ❖ **Completed interviews with chronically homeless, mentally ill and substance abusers**
- ❖ **Learned that many of the interviewed were exposed to alcohol as early as 6 years of age**
- ❖ **The First 5 Director in the County is now the co chair of their ACH governance**

❖ **LA/USC**

- ❖ **Focus on Cardiovascular disease**
- ❖ **Has identified trauma and integration as the**