



State Approaches to Addressing Population Health Through Accountable Health Models



Presentation for the CDC Office of the Associate Director for Policy (OADP) and Office for State, Tribal, Local, and Territorial Support (OSTLTS)

February 22, 2018

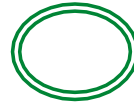
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Jill Rosenthal, Senior Program Director

Amy Clary, Policy Associate

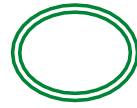
Tina Kartika, Research Analyst

About NASHP



- Uniquely non-partisan, non-membership organization: “the UN of state health policy”
- Led by Academy of diverse cross-agency state officials
- Organizational expertise in:
 - State health policy, including Medicaid, public health, and CHIP
 - Cross-agency partnership
 - Cross-sector state innovation and reform
- NASHP core functions:
 - Convene state health policy leaders
 - Identify solutions
 - Disseminate innovations

What Are Accountable Health Structures?

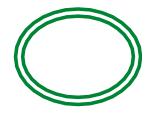


- Accountable health structures are community-based entities that invest in, or are accountable for, population health improvement.
- They are often built into health system transformation efforts and provide a strategic framework for states seeking to integrate health-related social needs into their health systems.

<https://nashp.org/states-develop-new-approaches-to-improve-population-health-through-accountable-health-models/>

State	Name of Initiative	Lead Agencies
California	California Accountable Communities for Health Initiative (CACHI)	Partner collaboration of private foundations, including The California Endowment, Blue Shield of California Foundation, Kaiser Permanente, Sierra Health Foundation, Community Partners, Public Health Institute, and California Health and Human Services
Colorado	Accountable Care Collaborative	Colorado Department of Health Care Policy and Financing
Connecticut	Health Enhancement Communities	Connecticut Department of Public Health in collaboration with the SIM Program Management Office and the state Medicaid agency
Delaware	Healthy Neighborhoods	Delaware Center for Health Innovation and the Delaware Health Care Commission (HCC)
Massachusetts	Accountable Care Organizations (ACOs)	MassHealth
Michigan	Community Health Innovation Region (CHIR)	Michigan Department of Health and Human Services
Minnesota	Accountable Communities for Health (ACHs)	<ul style="list-style-type: none"> • Minnesota Department of Health • Minnesota Department of Human Services
New York	Performing Provider Systems (PPS)	New York State Department of Health
Oregon	Coordinated Care Organizations (CCOs)	Oregon Health Authority
Rhode Island	Accountable Entities (AEs)	Rhode Island Executive Office of Health and Human Services
	Health Equity Zones (HEZs)	Rhode Island Department of Health
Vermont	Accountable Communities for Health (ACHs)	<ul style="list-style-type: none"> • Vermont Department of Health • Vermont Health Care Innovation Project Team (SIM)
Washington	Accountable Communities of Health (ACHs)	Washington State Health Care Authority in coordination with the Washington State Department of Health and Washington State Department of Social and Health Services

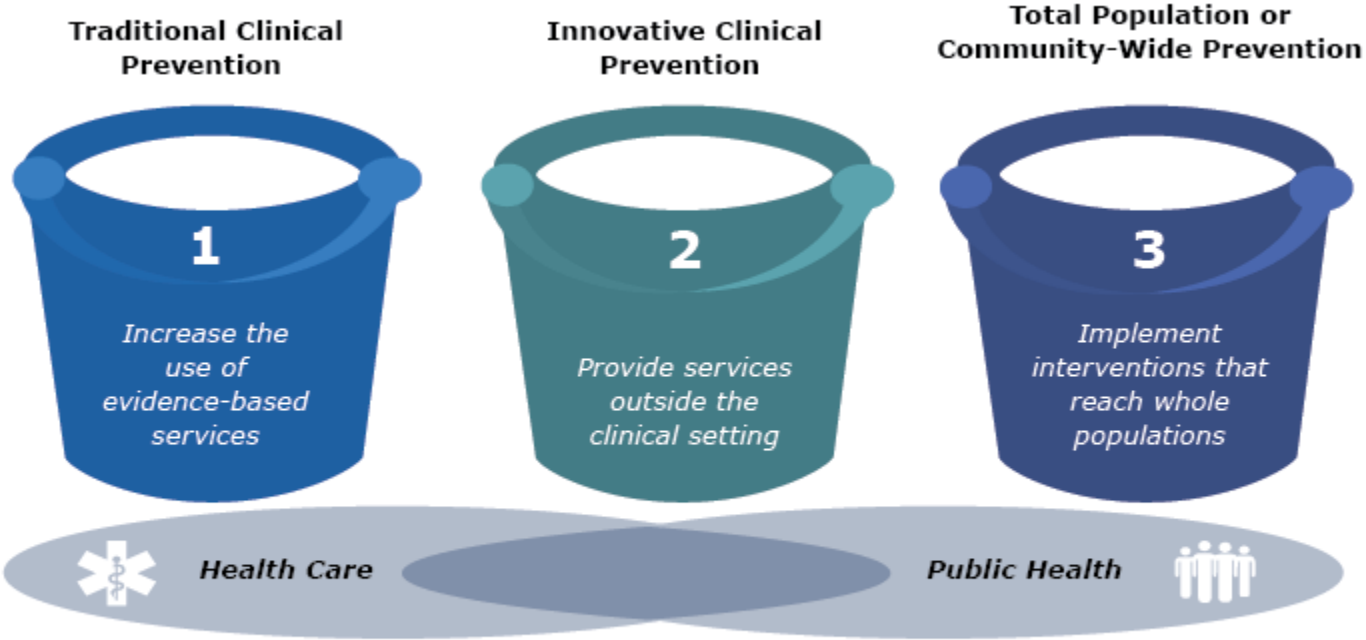
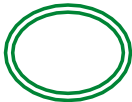
Continuum of Accountable Health Models



Care Delivery

Community Intervention

The 3 Buckets of Prevention

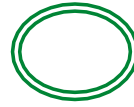


To read more: <http://journal.lww.com/jphmp/toc/publishahead>



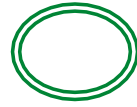
Source: https://www.cdc.gov/pcd/issues/2017/17_0017.htm

Policy Levers Supporting Accountable Health Structures



- Section 1115 demonstration waivers
 - Health-related services: MA, OR
 - Incentive payments, such as Delivery System Reform Incentive Payment (DSRIP): MA, NY, RI, WA
- Medicaid contracts: OR
- Other value-based payment: NY
- State Innovation Model (SIM): all 12 states

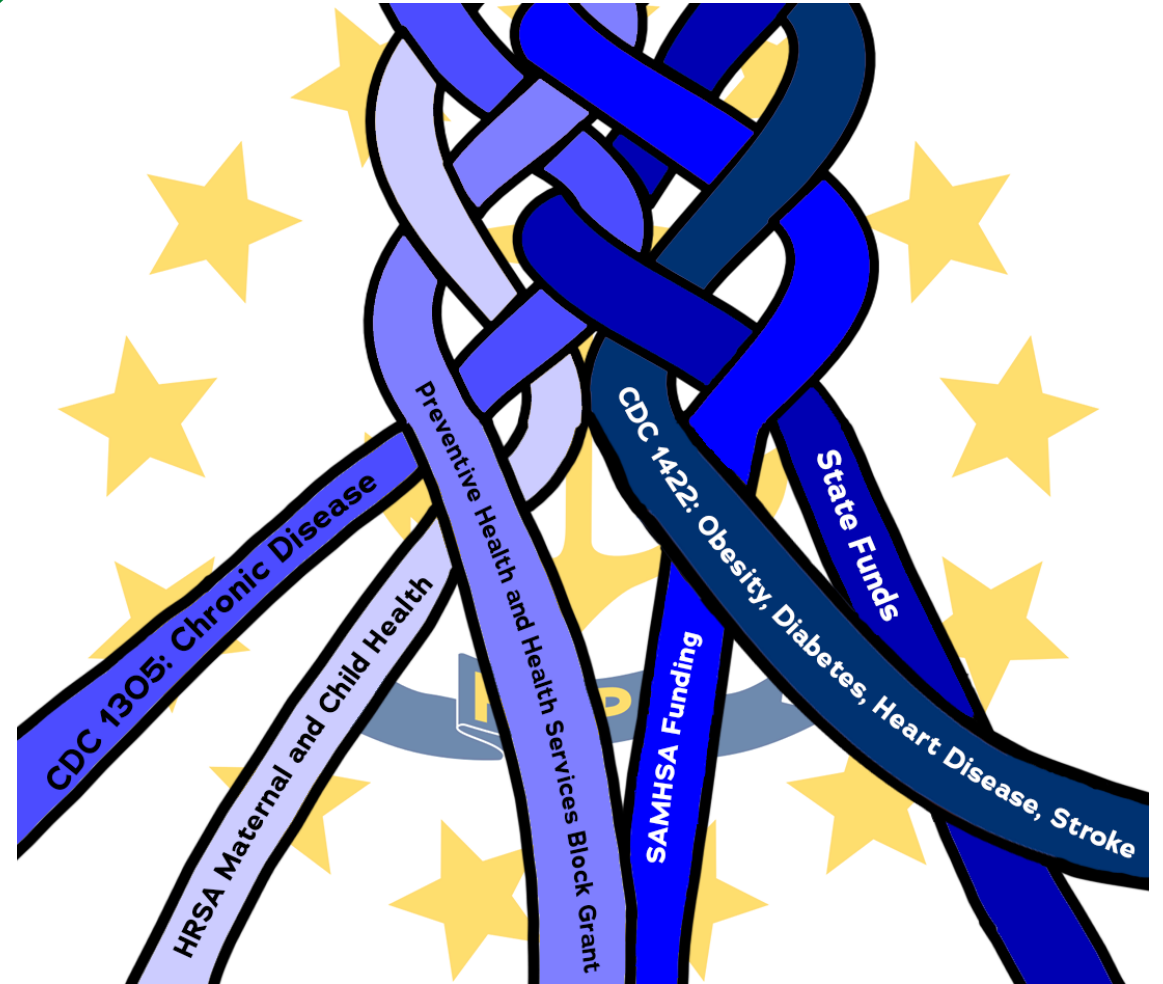
Performance Measurement and Return on Investment



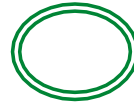
- Identifying multi-sector approaches and measures that address root causes of health: CA, MI
- Evaluating value of accountable health structures in addition to interventions: DE, OR
- Using measurement and incentive strategies to raise the bar for population health performance: OR, RI, WA
- Advancing population health efforts despite challenges in demonstrating ROI

Sustainability

- Leverage Medicaid waiver authority and managed care contracting
- Align public health funding streams to address state health priorities: RI, OR
- Bolster resilience through braiding and blending funding
- Build private-sector support for state health goals: CA, CT, DE, RI

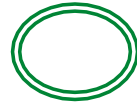


Implications for CDC



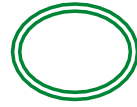
- Role of health departments
- Connections with CDC initiatives

Next Steps



- Accountable health models workgroup
 - Goal: to provide an opportunity for state policymakers to share strategies and resources, and identify common challenges that could be addressed through technical assistance.

Questions?

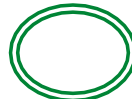


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NASHP Resources



States Develop New Approaches to Improve Population Health Through Accountable Health Models

By [Amy Clary](#), [Tina Kartika](#) and [Jill Rosenthal](#) | January 12th, 2018

Related Resources

To read NASHP's in-depth reports on accountable communities for health that explore initiatives in states including California, Minnesota, Vermont, and Washington, please visit:

- [State Approaches to Addressing Population Health Through Accountable Health Models](#)
- [States Share Innovative Approaches to Improve Population Health through Accountable Health Models](#)
- [State Levers to Advance Accountable Communities for Health](#)
- [State Levers to Advance Accountable Communities for Health: California State Profile](#)
- [State Levers to Advance Accountable Communities for Health: Minnesota State Profile](#)
- [State Levers to Advance Accountable Communities for Health: Vermont State Profile](#)
- [State Levers to Advance Accountable Communities for Health: Washington State Profile](#)
- [Minnesota Accountable Community for Health Saves Money through Local Opioid Prevention Initiative](#)
- [Accountable Health Community Models: What's the State Role?](#)

Support for this work was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundation.



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