North Central Health Partnership ACHO Conceptual Design DRAFT

Community

Healthy thriving communities are possible when there is a culture of health that promotes healthy lifestyles, local leadership and ownership of the health at the individual and community level. Community Health initiatives happen via collaborative engagement of local healthcare providers, non-profits, faith-based entities, schools, local governments via local multi-sector partnerships informed and supported by local knowledge, culture and empowerment. Funding mechanisms: Structured and supported by measurable impact on target populations, directed by ACHO and staffed by RHIC Organization.

Define community?
Define "Healthy"?
What "coordination" role
needed for COH Coalitions?
How to sustain this function?
How to insure multi-sector
participation in COH Coalition?

Important Shared Knowledge:

Four Sectors Influencing Health - Health behaviors (30%), Clinical Care (20%), Social & Economic Factors (40%), Physical Environment (10%); Highest Cost Sectors: Seniors, other high risk populations? (find data); Best Practices/Proven Models/Innovation: Care Coordination, HIE, etc.;

What common needs for data gathering exists?
Established data sources-local, county and region?
How to filter and interpret data? Measurement tools?

Okanogan COH Coalition Chelan-Douglas COH Coalition

Grant COH Coalition **Scope:** Elect Reps to ACHO, Multi-sector engagement, local problem solving & facilitation of collaborative efforts. Feedback to ACHO. Staffing support by RHIC.

Scope of its role/leadership? How to sustain function? Relationship with regional ACH?

North Central Health Partnership ACHO

Scope: Regional multi-sector governance, leadership, vision & direction towards regional goals. Interpret data. Organize and present a framework that inspires confidence in risk-bearing entities and/or multi-payer alliance with providers.

What's the scope of its role? How large should this leadership body be? Geographic or sector representation? Desired relationship w payers?

RHIC (Backbone Org. & Collaborators)

Scope:(Staffing role for ACHO & COH Coalitions) Data Access & Robust Data Analytics. Use Comm. Health Impact Assess's on HICs. Inform payers distribution of PPP or shared savings \$\$\$s. Assist w integration with other resources (Soc. Det. Of Health \$\$s), Consumer-centric H-education, (Data tools: Payer data, PRISM, EDIE, HAP-ADL Scores, PHQ,, other)

Scope of its role/core function? What expertise/capacity needed? How to sustain this function?

NCW Accountable Collaborative of Health Conceptual Design

AUTHORIZERS

(state agency-HCA, OIC, other)

Authorizers sanction ACHO function via Policy ACHO also accountable via policy

Contracts/Policy Relationship

Payers sanctioning of ACHO function

ACHO provides outcome analysis, other feedback

Provider representation on Board to insure fairness/buy-in

PAYERS

Medicaid Medicare

RSN

DSHS

Private Plans Self-Funded Plans

Counties

Other

\$\$ Shared Savings/PP

+ Base

RHIC (Backbone Org.)

Accountable Comm. Of

Health Org. (ACHO)

(Representative Board)

Scope: Data Gathering &
Robust Data Analytics. Evaluate
health outcomes and inform payers
distribution of PPP or shared savings
\$\$\$s. Framework for engaging nontraditional partners in health.

(Data tools: Payer data, PRISM, EDIE, HAP-ADL Scores, PHQ,, other)

Individual



Effective
Efficient
Care &
Coord.
of Care

PROVIDERS

Medical
Behavioral
AAA/Sr. Services
Treatment Ctrs.
Soc. Service Supports
Schools/Juv. Justice
Care Coordinators
Other