**Concept: Care Transformation Workgroup**

1. Rationale: The sooner we move ahead on care transformation the better. So far in our ACH development plans we really do not have a group that can focus on this. The Governing Board will be preoccupied with organizational tasks this year. The Initiatives are a different issue -- they’re all about short term demonstrations this year, not about ways to transform our systems. Care transformation is not something the backbone can do. It is a core function of the ACH partnership. Our form should reflect this critical function. We need a mechanism that will focus talent and resources on this issue.
2. Proposal: We should form a Care Transformation Workgroup as a standing Governing Board committee with a mandate to:
	1. Identify key tasks and issues in care transformation
	2. Identify one clinical entity or disease on which to focus initially. (For example, diabetes or hypertension would work because they are common and involve integration of physical/behavioral health care, whole-person care issues, etc.) Our learnings in that work would then be expanded to other clinical areas. The alternative – attempting to transform every kind of care at once – is unworkable.
	3. Identify evidence-based approaches to whole-person care for the selected disease.
	4. Develop and submit for Governing Board approval a work plan with timelines.
	5. Implement the Care Transformation work plan.
3. Membership: Clinicians, leaders of provider organizations, health plans and community partners should be part of the workgroup.
4. Next Step: We could appoint a Workgroup chair. He or she would recruit members and begin the work described above ASAP.
5. Eventually, it would probably make sense to have a corresponding Healthy Communities Workgroup which would address the population health improvement responsibilities of an ACH. These could be the two key standing committees of the Governing Board, since most of the ACH’s work (like the Triple Aim itself) would focus on these two areas.