

Take-Home Points from the Initiatives Exploration Workgroup

December, 2015

Upcoming state-level developments such as the potential Medicaid Global 1115 Waiver may present opportunities for health improvement initiatives, but the NC ACH Governing Board made a clear decision at the November meeting to move ahead in the meantime. An ad-hoc workgroup was designated at the November board meeting to explore options for care transformation and health improvement initiatives. The workgroup included Patrick Bucknum, Winnie Adams, Barry Kling, Peter Morgan and Jeffrey Davis. Only Adams, Morgan, Davis and Kling were able to participate in the group's December 2 conference call.

The workgroup recommends that NC ACH adopt two kinds of initiatives in the following manner:

Care Transformation Form a standing workgroup on Care Transformation to develop a regional initiative that enhances the preparation of health care providers in the region for the delivery of whole person care. The Patient Centered Medical Home approach could form the basis for this effort, but to be effective it will be necessary to go well beyond that model. In addition, it will probably be necessary to begin by focusing on one particular kind of care, such as the treatment of Diabetes, since it isn't feasible to change everything at once. Board members on the work group would initially include Peter Morgan, Patrick Bucknum, Jeffrey Davis and Kevin Abel and Jesus Hernandez. Additional members from outside the board will be recruited. The workgroup will report monthly to the Governing Board beginning in January 2016. It should be funded and staffed through support from the SIM grant's Care Transformation Hub, administered through the state health department. One key next step would be to convene leaders of the region's health care delivery organizations to define a common purpose and establish buy-in for the effort. Although every health care organization must address these changes internally, common goals, shared resources and access to appropriate expertise could significantly accelerate the necessary change.

Population Health Improvement Form a standing workgroup on Population Health Improvement to develop community-based primary prevention initiatives designed to address the obesity epidemic. Board members on the workgroup would initially include Winnie Adams, Nancy Nash-Mendez, Barry Kling, Jesus Hernandez and Theresa Sullivan. Additional members from outside the board will be recruited. This workgroup will be staffed primarily by backbone staff working under the direction of the NC ACH Executive Director. Because this initiative addresses a multi-faceted problem, it will support separate task groups, each addressing a distinct domain. For example, there could be separate task groups addressing domains such as childhood obesity (primarily involving schools and day care), the food environment (healthy food availability and marketing, measures to reduce the popularity of unhealthy foods, etc.), the message environment (multifaceted messaging, including traditional and digital media, about healthy eating and active living), policy (addressing issues such as complete streets, healthy food service at public venues, and other public policies affecting healthy eating and active living), etc. CHI could have an important role in these initiatives. A critical point here is that the workgroup would create only as many task groups as it could effectively support, knowing that it is a basic finding of the Collective Impact Model that adequate backbone (mainly staffing) support is critical for effectiveness. Staffing for this initiative would be funded through requests to MCOs and the region's larger provider organizations, among others.