CALIFORNIA HEALTHIER LIVING COALITION

In-Person Meeting

WEDNESDAY, NOVEMBER 20, 2013
10:30 AM – 2:30 PM

C A L I F O R N I A

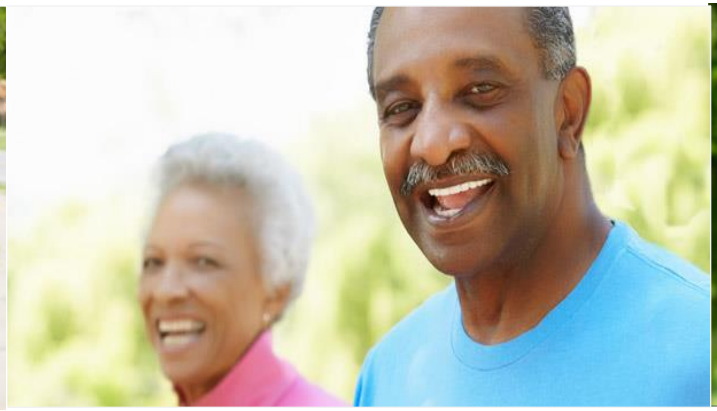
HEALTHIER LIVING

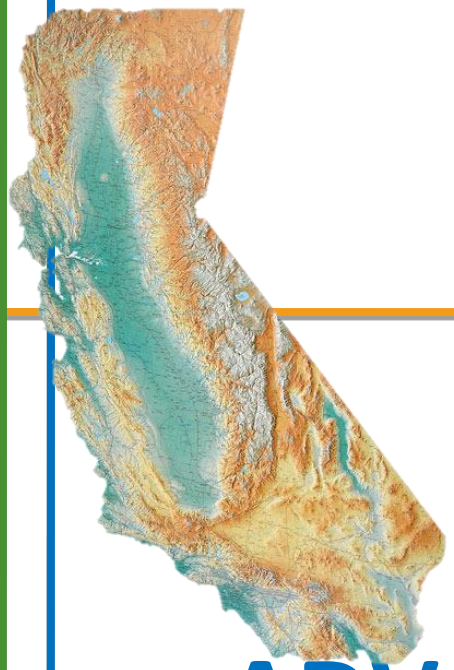
Living Your Best Life…

CROWNE PLAZA – LOS ANGELES AIRPORT
5985 WEST CENTURY BLVD.
LOS ANGELES, CA 90045

CALIFORNIA WELLNESS PLAN

California Department of Public Health

PREVENTION FIRST: ADVANCING THE CALIFORNIA WELLNESS PLAN

Majel Arnold, MS-HSA
Chief, Chronic Disease Prevention & Management
Chronic Disease Control Branch
California Department of Public Health

CDPH California Department of PublicHealth

California Wellness Plan
Outline

- Background
  - Funding, Deliverables
- CDPH Vision for Chronic Disease Prevention
  - Coordination, Evidenced-based strategies, Prevention Approach
- Next Steps for Implementation
  - Statewide Meeting

CDPH California Department of PublicHealth

CALIFORNIA WELLNESS PLAN BACKGROUND

California Wellness Plan
Background

- In September 2011, CDPH was awarded a Center for Disease Control & Prevention (CDC) grant to:
  - Establish infrastructure to support and facilitate coordination of chronic disease prevention and health promotion efforts within and across programs and sectors
- Deliverables included:
  - Lead a statewide multi-sector chronic disease prevention coalition or join existing coalition
  - Guide the development of a multi-year Chronic Disease Prevention State Plan and support its implementation

CDPH California Department of PublicHealth

California Wellness Plan

Background

- January 2013 – Regional Partner Meetings
  - Share Plan Goals and Proposed Strategies
  - Share the process to obtain input on the proposed strategies and learn about partner organization activities
- March – September 2013
  - Continue to work with Advisory Group and Key Stakeholders to obtain input on Plan Objectives and Implementation

CDPH California Department of PublicHealth

CDPH VISION FOR CHRONIC DISEASE PREVENTION

CDPH NEW DIRECTION

CDPH California Department of PublicHealth

CDPH NEW DIRECTION

- **Chronic disease incidence can be decreased and quality of life for those with chronic disease can be improved by:**
  - Full Spectrum of Prevention approach
  - Evidence-based strategies
  - Statewide partnerships across sectors (Health in All Policies)

CDPH California Department of PublicHealth

California Wellness Plan

Key Components

- Let's Get Healthy California Taskforce Report
- Incorporates input from multiple sectors
- Addresses the full Spectrum of Prevention

CALIFORNIA WELLNESS PLAN

- **Purpose**

  Outline a roadmap to prevent and optimally manage chronic disease, that CDPH and statewide partners will implement collectively over the next 10 years

- **Partners**

  Local health agencies, sister state departments, non-profit and community-based organizations

California Wellness Plan

Goals

NEXT STEPS FOR IMPLEMENTATION

STATEWIDE Meeting
February, 2013
Sacramento, California

Purpose

Determine a broad chronic disease prevention agenda that partners from multiple sectors can participate in achieving, playing different roles based on expertise, Spectrum of Prevention focus and capacity

Conference Co-Host: CCLHO/CHEAC Chronic Disease Prevention Leadership Project

CDPH California Department of PublicHealth

Meeting Goals

- **Introduce the California Wellness Plan** to public health and wellness leaders throughout the State
- **Support its implementation** by identifying existing resources and efforts that could be leveraged, and determine gaps that can be filled by various sector partners
- **Identify specific priorities** for California to move forward with to carry out the Plan in the coming year
- **Obtain commitments from key partners** to collectively contribute to implementation of the Plan and establish a mechanism for ongoing coordination and communication across sectors as the agenda is carried out

CDPH California Department of PublicHealth


Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world.
-Joel A. Barker

Changing Health Policies & Pathways to CDSME Programs

Lora Connolly
CA Department of Aging
November 20, 2013

C A L I F O R N I A

HEALTHIER LIVING

Living Your Best Life…

IHI Triple Aim Initiative

Better Care for Individuals, Better Health for Populations, and Lower Per Capita Costs

- ✓ **Better care for individuals.**
- ✓ **Better health for populations, and**
- ✓ **Lower per capita costs**

Institute for Healthcare Improvement

Growing Epidemic of Chronic Diseases

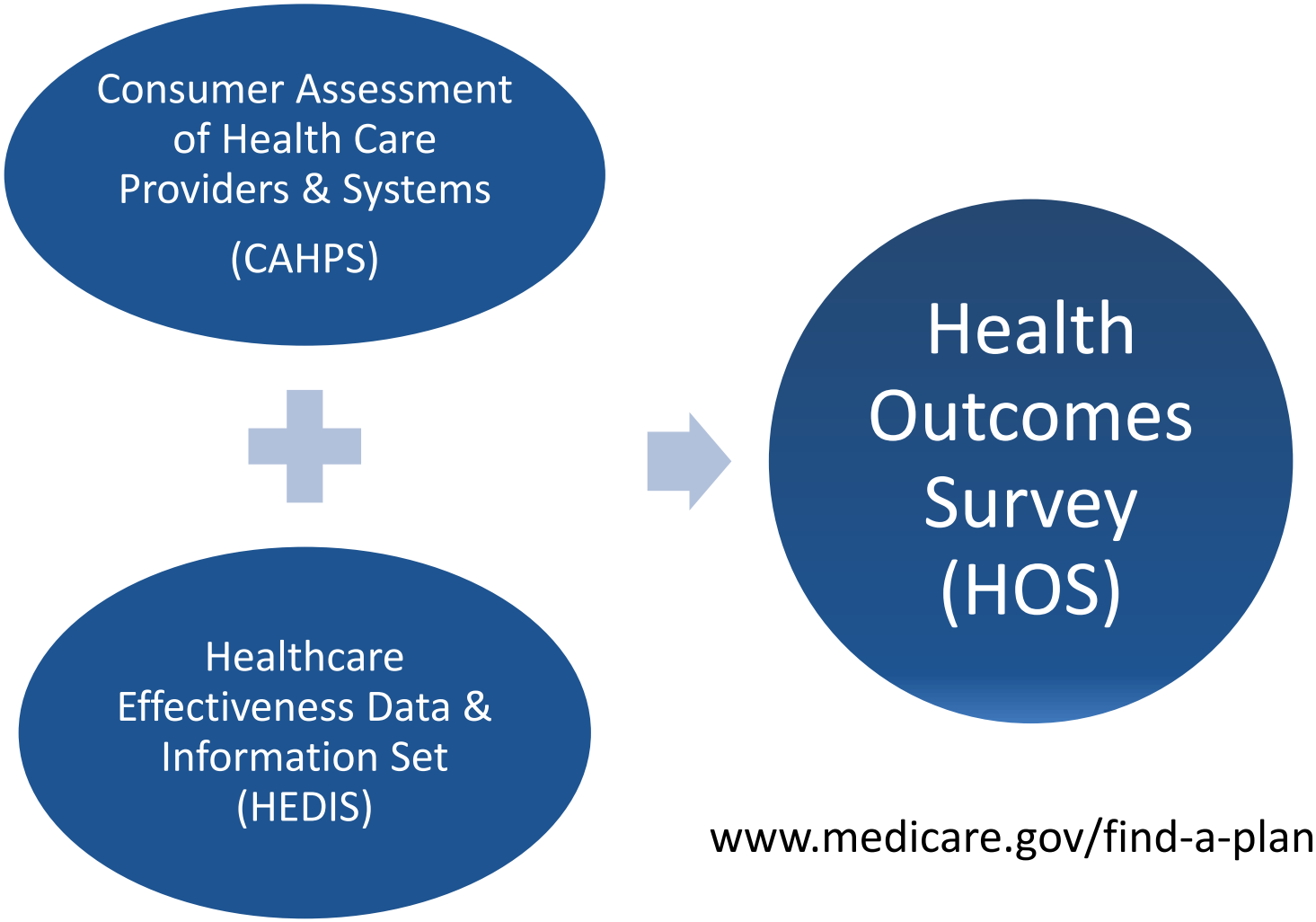
- 40% of adults age 20+ have a chronic health condition (over 90% by age 65)
- Risks involve diet, smoking, falls, alcohol & substance abuse, stress, and social isolation
- 70% of these conditions are tied to behavioral and environmental factors

….“Self management” is crucial—what I do or do not do when I am NOT with my health care provider *(which is over 95% of the time…)*

Key Health Reform Themes

- Population based approach—high/low risk
- Evidence-based interventions/programs
- Person centered medical home
- Multidisciplinary team approach—addressing the whole person
- Focus on prevention and chronic care models
- Measuring provider accountability and paying based on performance outcomes

Performance Rating – Current Medicare Star System



www.medicare.gov/find-a-plan

Medicare Star Rating

Health Plan performance is measured on 50 items—categories include:

- Staying healthy: screening, tests, vaccines
- Managing chronic conditions
- Member experience with health plan
- Member complaints, problems getting services & health plan improvement
- Health Plan customer service

Medicare Advantage Plans receiving 4+ stars receive bonus & higher rebates

Carrot and Stick Approach

- Many of the initiatives & pilots authorized by the Centers for Medicare & Medicaid used financial incentives (the "carrots") in payment methodology

- Penalties/withholds will be applied for poor performers

- Focus on payment for health care outcomes rather than volume of care—charts a new course in pursuing quality improvement in health care.

These Strategies Are Already Underway…

Medicare now has two payment incentive programs for hospital to promote accountability for quality care

- Value Based Purchasing gives bonuses to hospitals on how well they performed on 24 quality measures. 45% of that score is based on following clinical care standards; 35% based on how patients felt they were treated
- Penalties for unusually high rates of re-hospitalization within a month. In 2013, two thirds of CA hospitals will receive reduced reimbursements under this program.

Carrots and Sticks cont.

- Medicare Advantage Health Plans already receive bonuses/penalties based on quality metrics
- In 2015, the health reform law calls for the government to begin quality payment program for physician groups of 100+ professionals.
- By 2017, it is expected that this program will be expanded to all doctors.

NCQA Must Pass Elements

National Committee for Quality Assurance (NCQA) Certification Process for Person Centered Medical Home --6 must pass elements:

- Access during office hours
- Use of data for population management
- Care management
- Active support of patient self-management
- Referral tracking and follow up
- Continuous quality improvement

Evolving Environment

- Focus on entire insured population
- Risk stratification & intervention based on patient prior health care utilization & diagnosis
- Attention to quality metrics
- Patient Centered Medical Home—shift to viewing the patient as a whole being at the center of their own health. Team based approach to meeting care needs.

Evolving Care Environment cont.

- Locus of care expanding—from solo doctor to team approach that included care managers that will continue to engage in "high risk" patients on an on-going basis *(new CDSME referral source)*
- "High risk" patients will include many who have multiple chronic health conditions
- Clear recognition that behavioral changes don't magically occur after an office visit…

What's Important to Know…

- Health plans are looking for strategies to reduce avoidable re-hospitalizations, ER visits, and interactions that do not lead to better chronic care management

- Health plans and providers will be looking for outcomes that demonstrate CDSME programs lead to improved patient outcomes

- Care management entities have taken on a new level of importance & involvement in working with patients with chronic health conditions. These organizations can be
  - Within the health plan or physician provider group; or
  - A contracted outside organization

CDSME Sustainability--Connecting with Health Systems

- We know that CDSME programs are proven, powerful tools that help individuals make positive changes for their health and quality of life
- To reach scale & make these programs widely accessible, we need to share this knowledge with those who can shape health care policy and resource allocation
- Healthcare systems need feedback mechanisms to prove CDSME programs are a worthwhile investment
- The time is absolutely right for this dialogue and deeper partnership building

Strategies for Policy and Systems Change

Pam Ford-Keach
CA4Health
November 20, 2013

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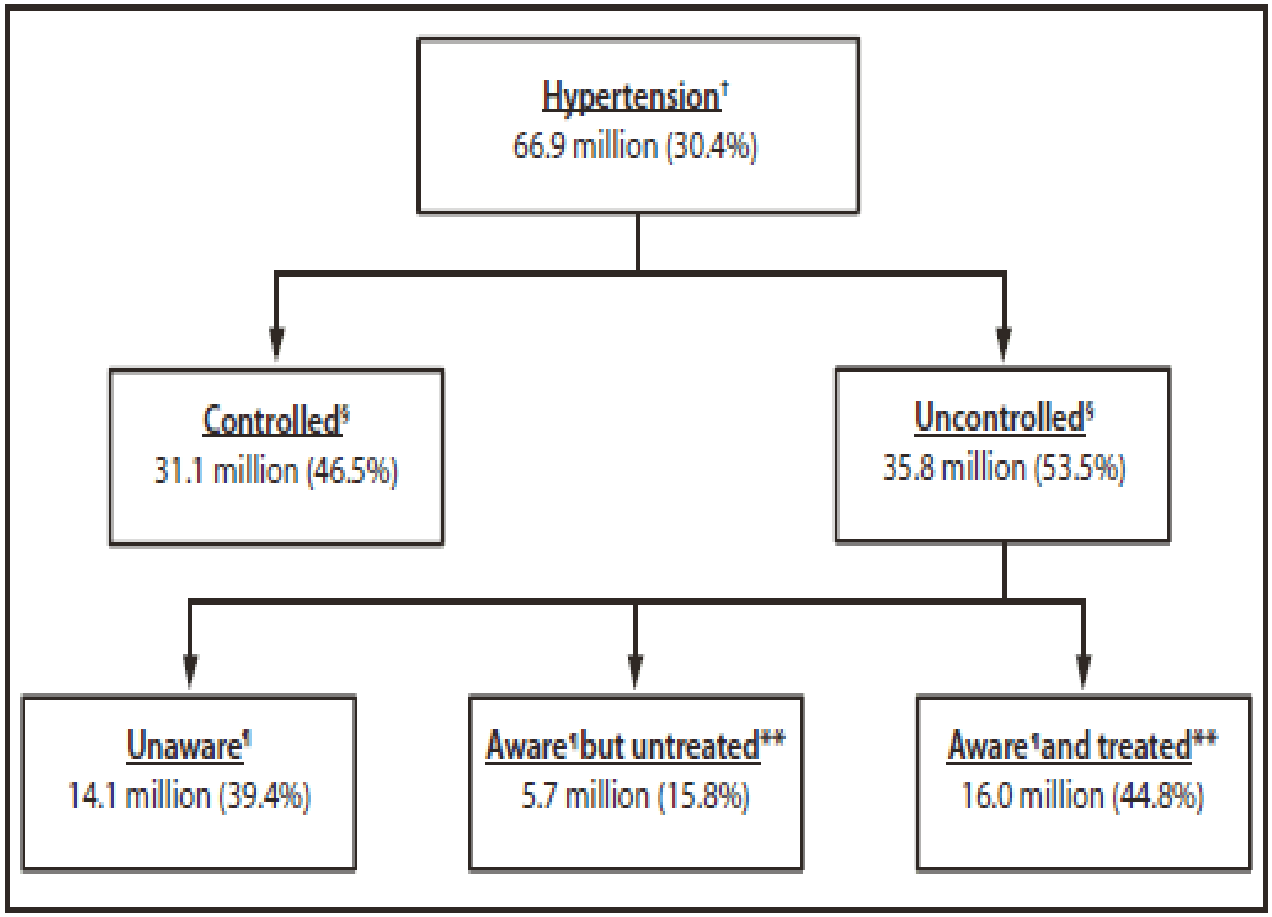
Living Your Best Life…

CURRENT SICK CARE SYSTEM RESULTS

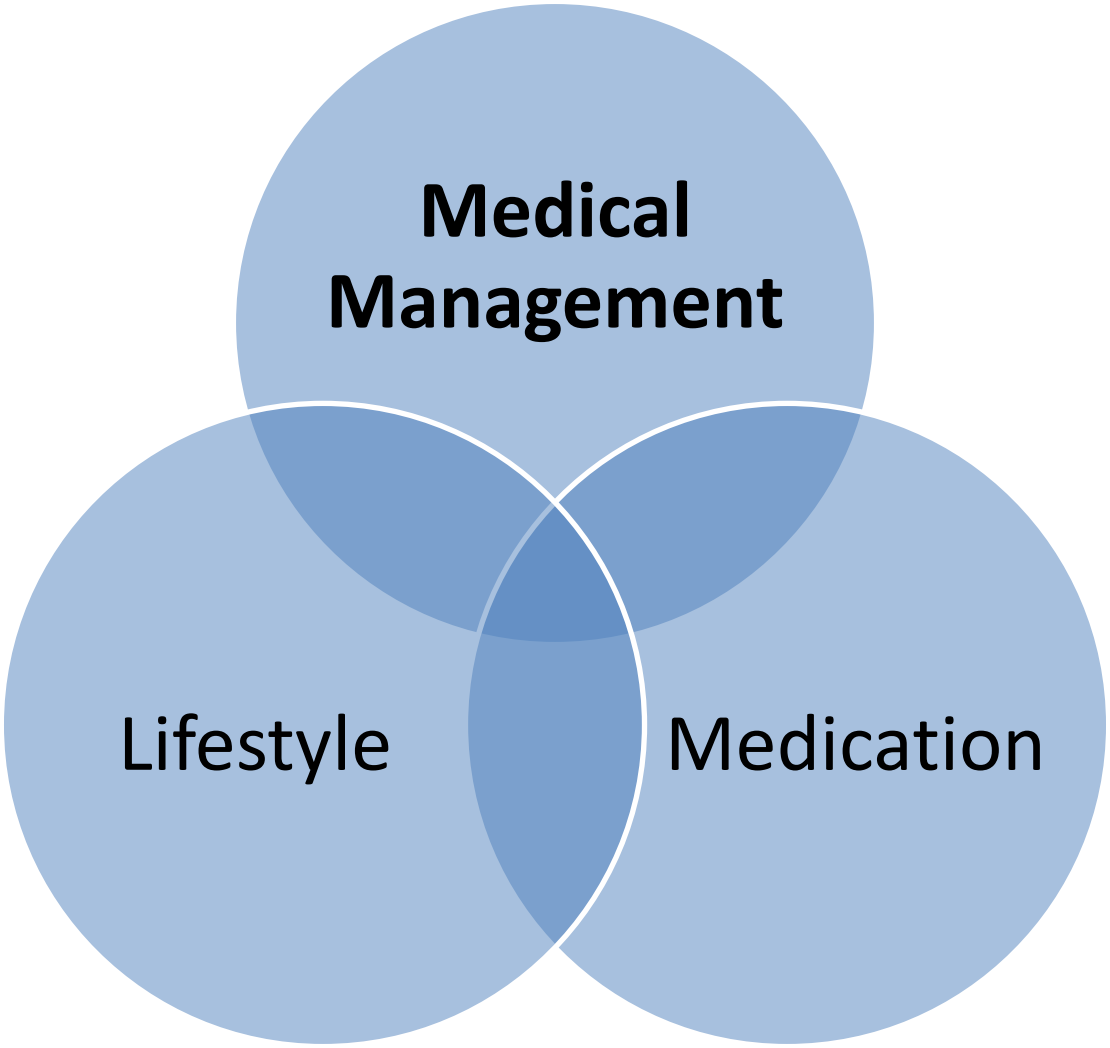


CLINICAL CARE OR ENVIRONMENTAL?

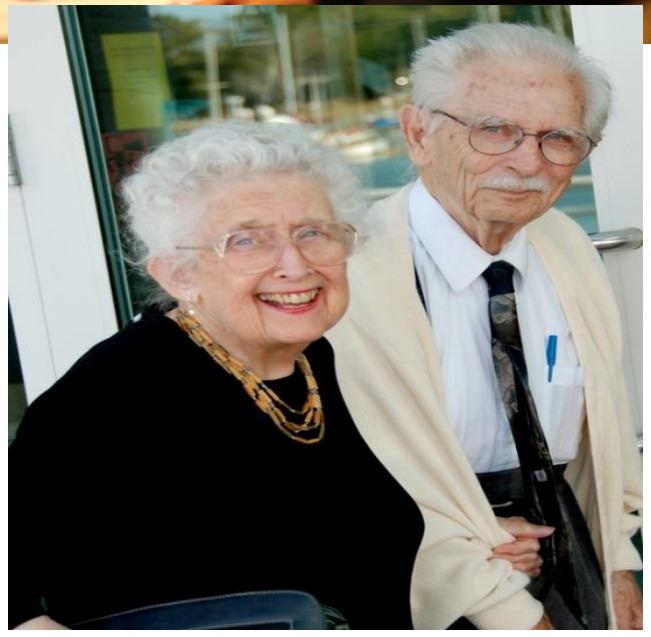
"Health care has been largely a private matter between patients and clinicians, taking place inside the walls of an exam room. Many clinicians know that by the time a patient reaches their office, health has already been irrevocably compromised by factors that they are ill-equipped to address."

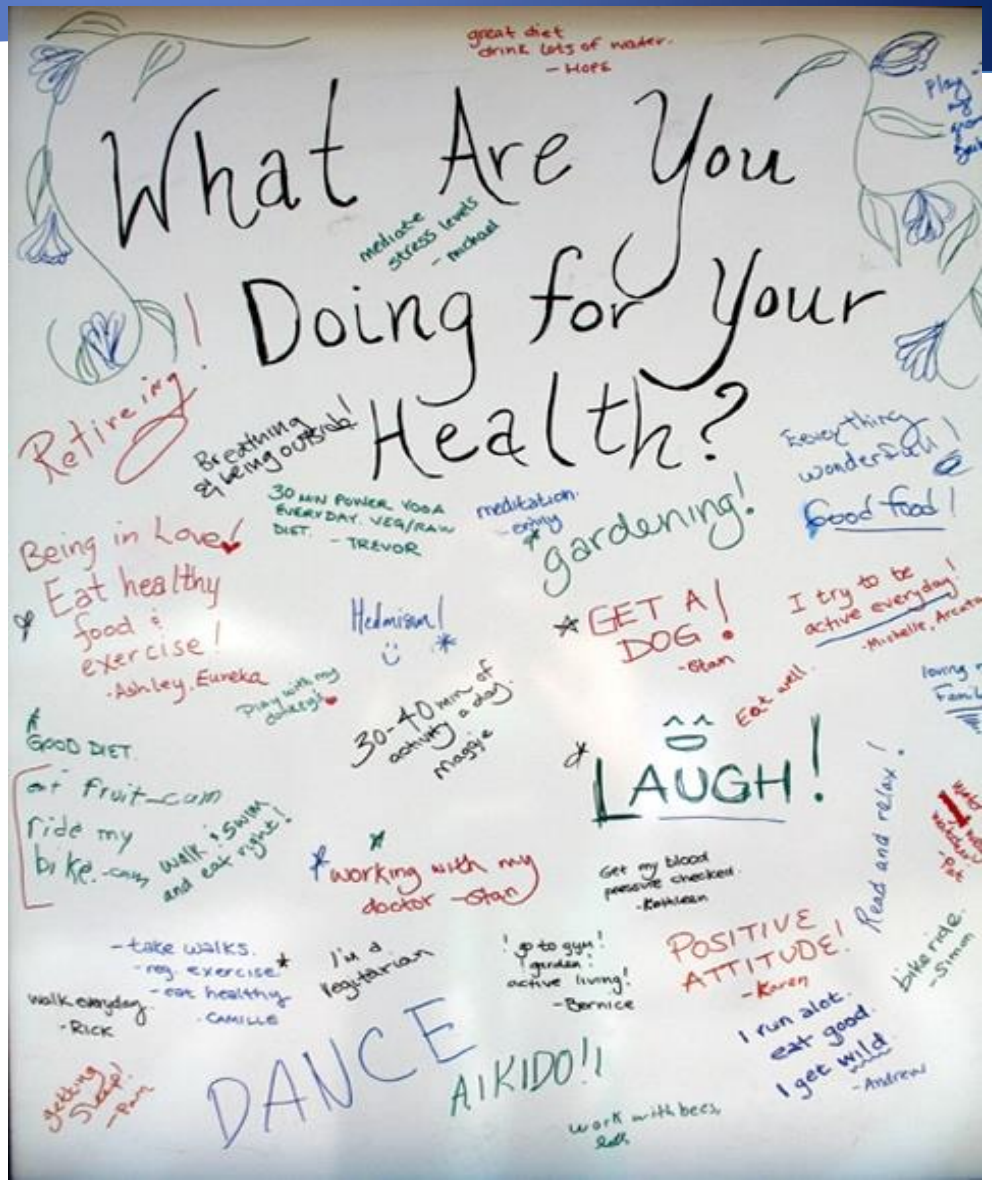
Prevention Institute, 2001, Community –Centered Health Homes: Bridging the Gap Between Health Services and Community Prevention

CDSME Supports Medical Management



Looking to the Future



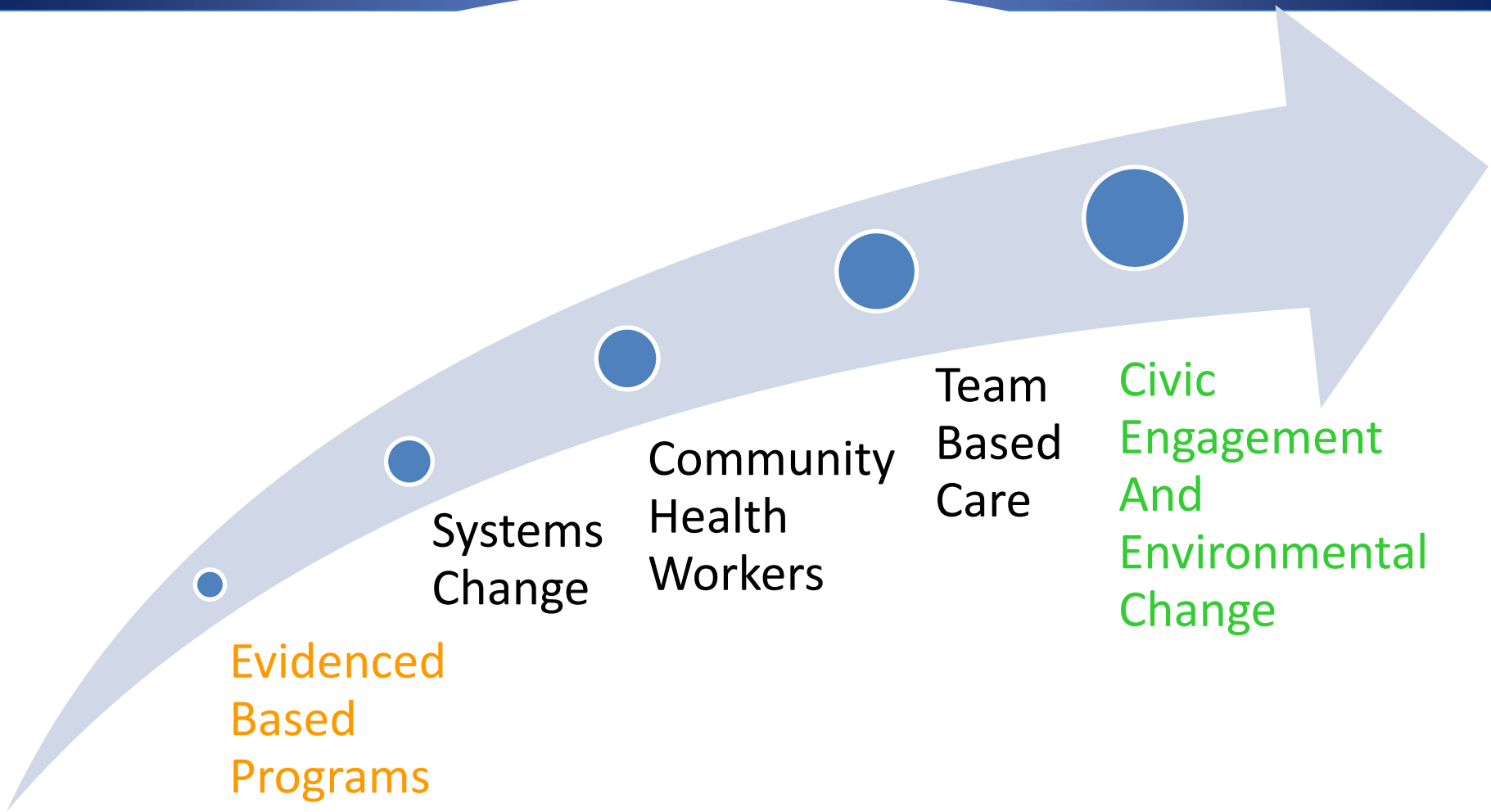


Adding Value

Lay Leader → **C**ommunity **H**ealth **W**orker → Team Based Care

"Session 7" → Leaders supporting environmental change

Evolution of Clinical-Community Linkages



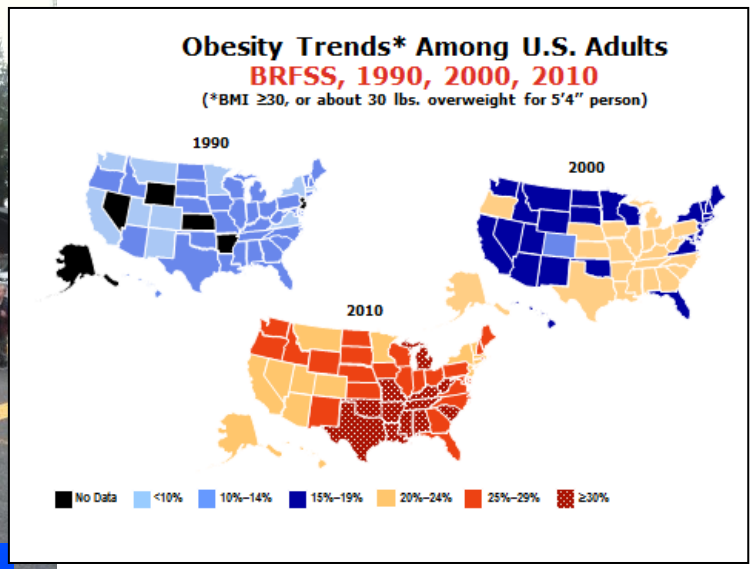
Community Health Workers

- Occupational Regulation
  - Core skills and competencies
  - CHW standards of practice
- Workforce Development
  - Assessment
  - Training
    - Bridge gaps
    - Expand and enhance skills and knowledge
- Financing
  - Demonstrate value of CHWs
  - Sustainability

CHWs (21-1094) assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs.

Community Health Worker Standard Occupational Classification from 2010 Department of Labor, Bureau of Labor and Statistics.

Session 7 – pilot



rethink YOUR DRINK

The Future is NOW!

Paths to Program Sustainability

An Urban Case Study

C A L I F O R N I A

HEALTHIER LIVING

Living Your Best Life…

"Sustainability is more than fundraising and capacity building"

Integrated Model for CDSME Program Sustainability

Adapted from "The Path to Program Sustainability" by Karen Buck, 2013 Nonprofit Impact, www.nonprofitimpact.com

This article and workbook are available for free on this website

Integrated Model of Sustainability

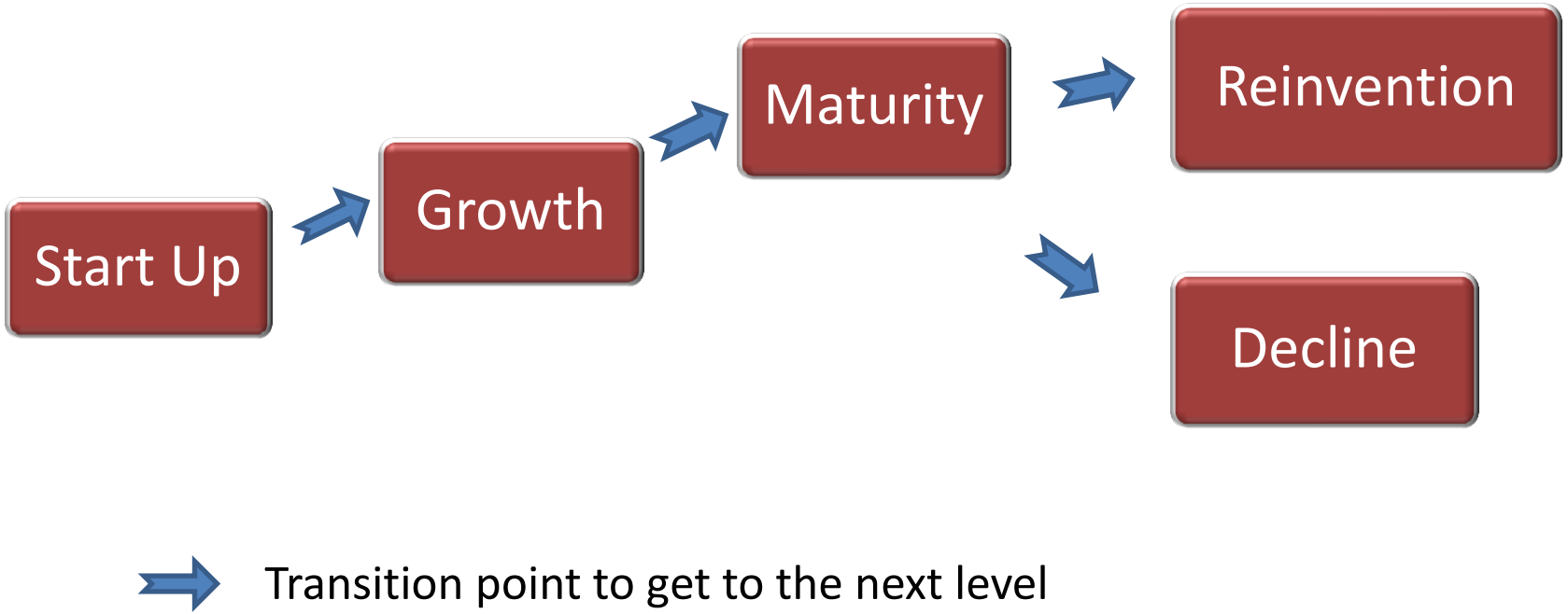
Sustainability…needs to focus on "all aspects of a program as a coherent whole *rather than singling out funding* as the key to sustainability."

<u>The program needs to have:</u>

- A strong, clear identity
- A base of engaged constituents
- Capacity that is aligned to deliver the results promised
- Ability to meet the needs of its constituents

Source: Nonprofit Impact, 2009

Organizational Lifecycle



Transition point to get to the next level

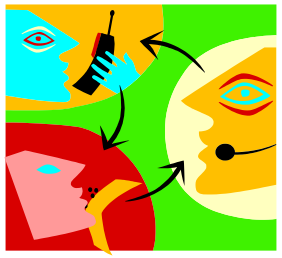
Source: Nonprofit Impact, 2009

Aging & Independence Services (AIS)

- Centralized County Social Services Agency and Area Agency on Aging;
- Active Participant in *Healthy San Diego* Coalition
- Key local agency in pursuing integrated health and long term services and supports for over 15 years

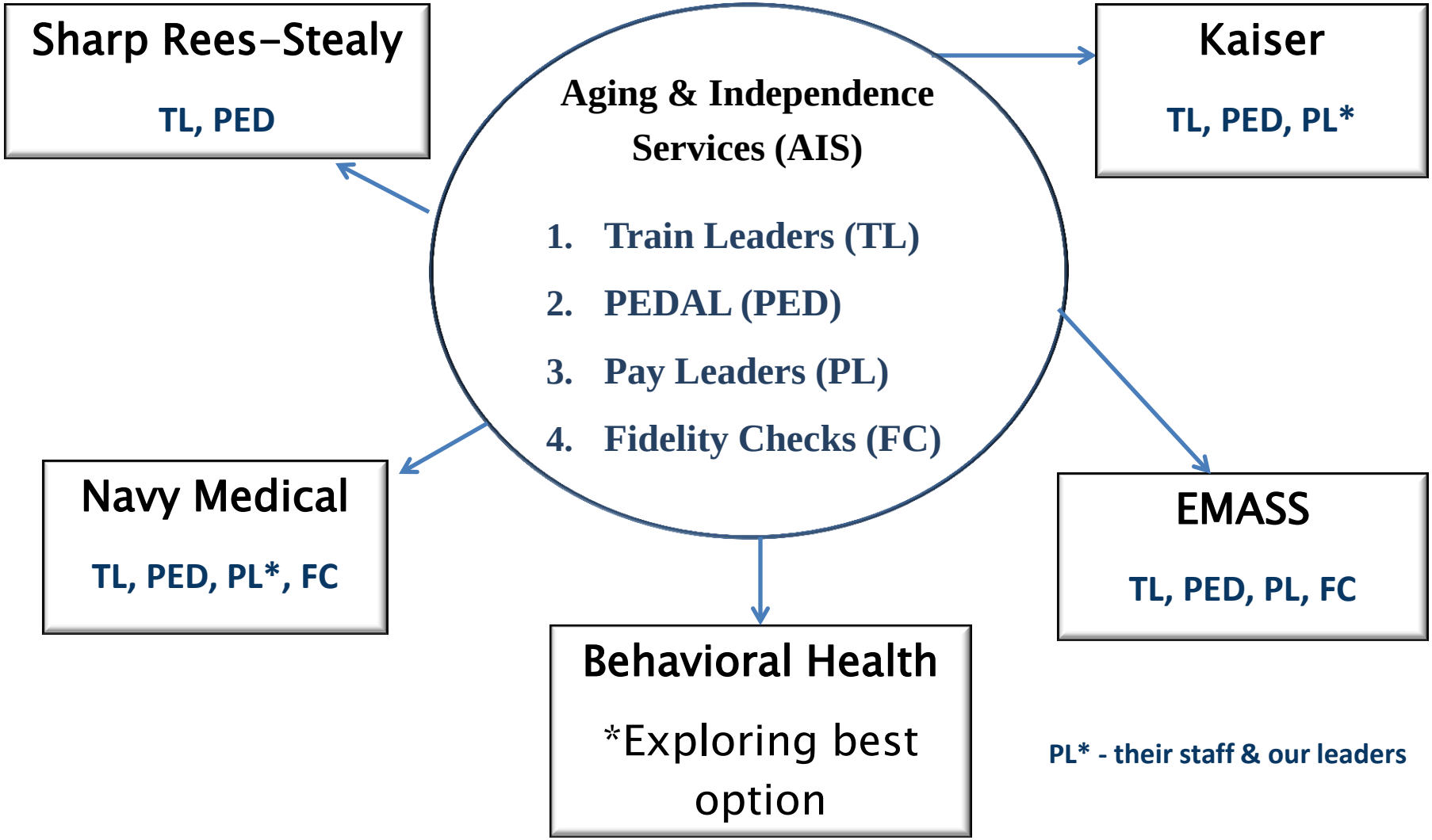
AIS Interconnected Initiatives/Programs

- Chronic Disease/Diabetes Self-Management (AoA & Prop 63 funding). Key partners include:
  - Kaiser
  - Sharp Rees-Steely
  - Naval Medical Hospital
  - Community Clinics
  - EMASS (social service & mental health outreach)



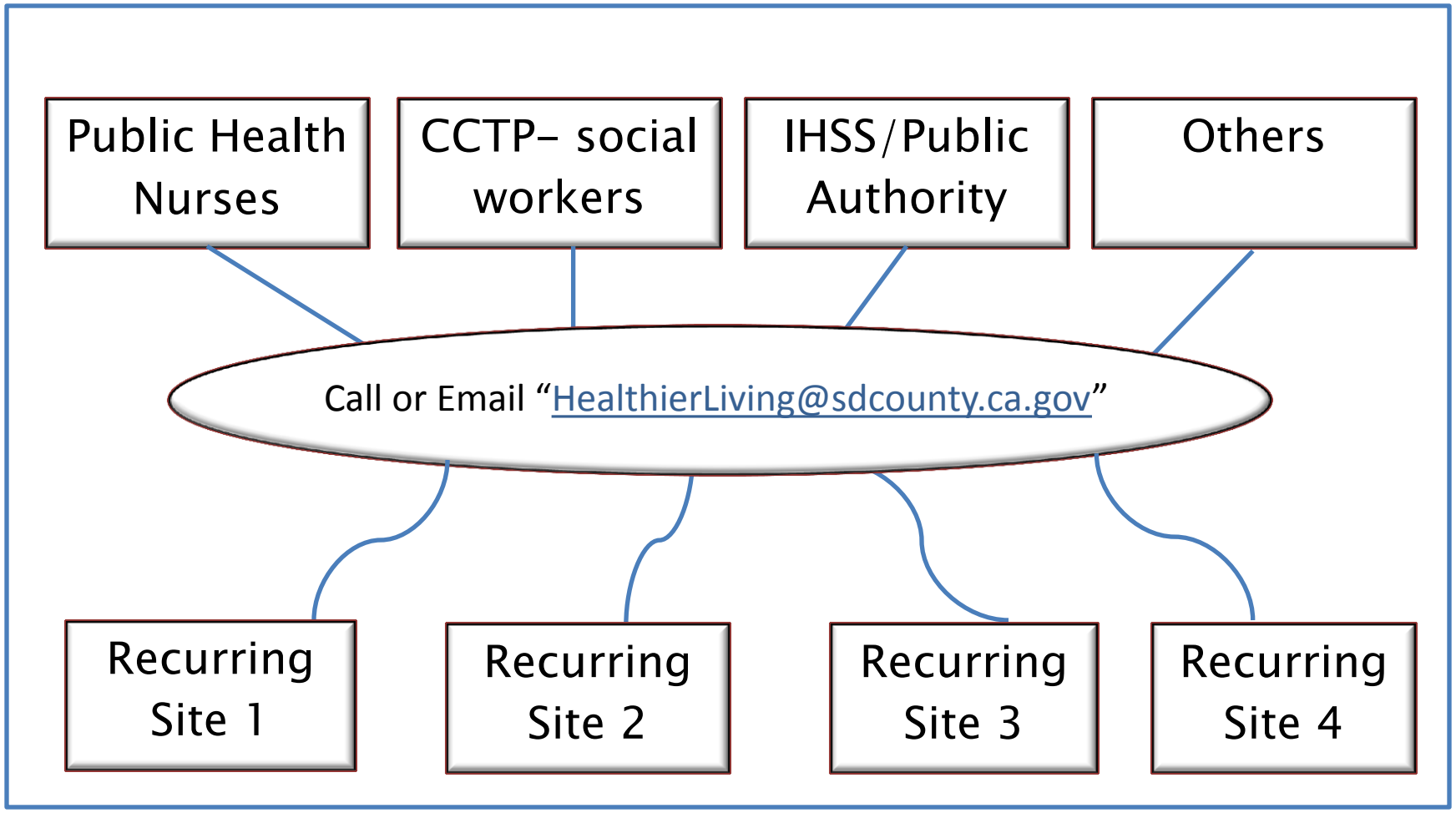
- Hospital-to-Home Transitions with 11 hospitals (CMS funded Community Based Care Transitions Program to avoid specific re-hospitalizations)
- Seeking Medicare reimbursement for DSMP

AIS Workshop-Hosting Partners



PL* - their staff & our leaders

Referral Streams-Both CDSMP & DSMP

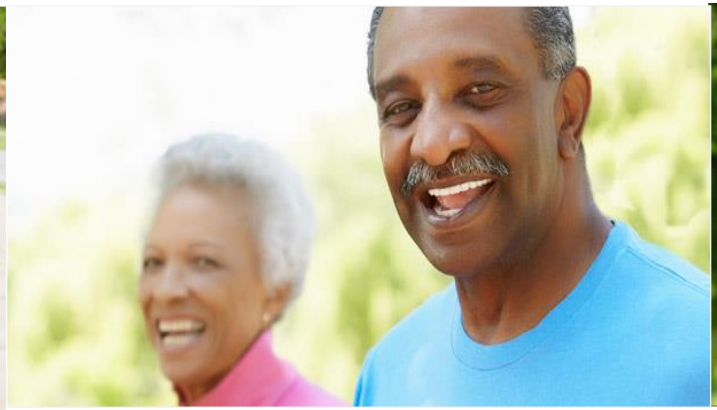


Positioning for Sustainability

- ✓ PEDAL infrastructure supports workshop leader fidelity, peer-to-peer leader support, collaboration across organizations, continued growth & evolution
- ✓ Multiple organizations providing these programs avoids single entity dependence
- ✓ Benefit to the bottom line for participating health/social service systems in terms of participant health outcomes
- ✓ Centralized infrastructure for coordinated referrals and workshops across multiple partners
- ✓ Promotes shared countywide goal of a healthier San Diego

WORKGROUP DISCUSSION

Sustainability


SUSTAINABILITY
STATE & LOCAL LEVEL

Sustainability Goals for CDSME:

(2012 Break-out Group Discussion)

- Adopted by managed care organizations
- Utilize opportunities from the Affordable Care Act
- Self-management programs as the standard of practice
- Continuous funding
- Growth for state and local infrastructure

QUESTIONS

1. Do you see other ways to increase sustainability for CDSME?
2. Of these and the items identified in 2012, what 2-3 priorities do you have for CDSME sustainability (local or statewide)?
3. What actions, resources, or new partnerships is most critical for state and local leadership to provide for sustainability?

Local Level	State Level

QUESTIONS

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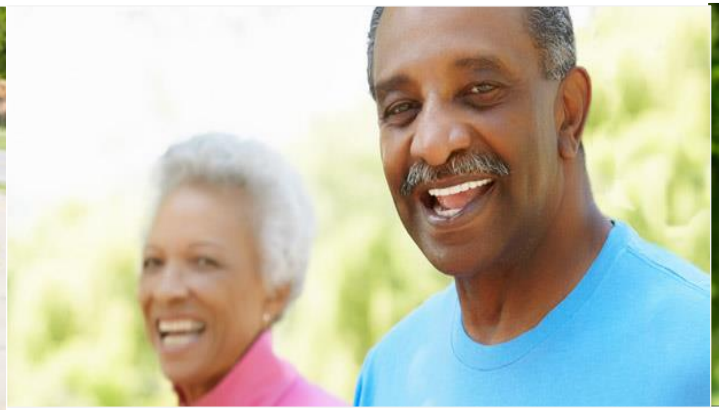
2. Of these and the items identified in 2012, what 2-3 priorities do you have for CDSME sustainability (local or statewide)?
3. What actions, resources, or new partnerships are most critical for state and local leadership to provide for sustainability?

Local Level	State Level

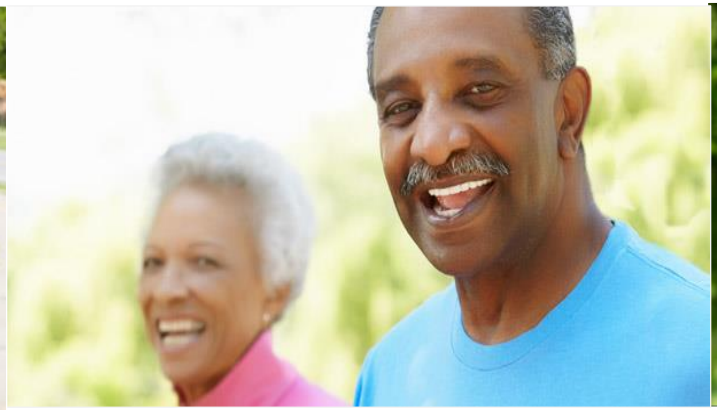
WORKGROUP REPORT OUT

Sustainability


CDSME GRANT GOALS

Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs financed by 2012 Prevention and Public Health Funds (PPHF – 2012)


Overall Goals

Goal 1

- Significantly **increase the number** of older and disabled adults with chronic conditions who **complete** evidence based CDSME programs to maintain or improve their health status.
- **Our Target : 8,500+ completers**

Goal 2

- Strengthen and expand **integrated sustainable delivery systems** within the state to provide CDSME programs.

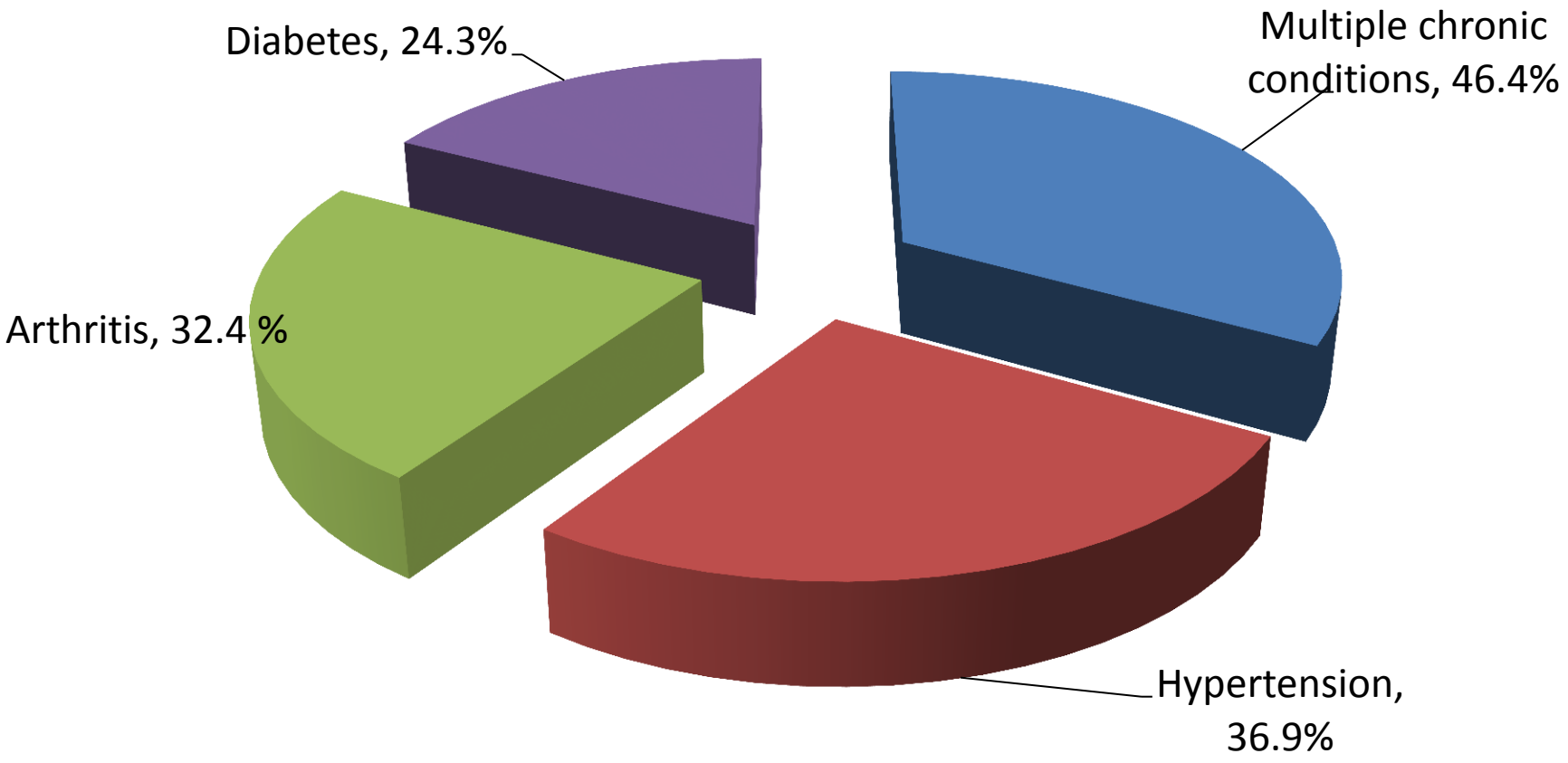
TARGET POPULATIONS

Underserved adults (18+) with disabilities who are:

- Low Income
- Ethnically Diverse
- Limited/non English speaking
- Medi-Cal Eligible
- Living in rural areas
- Native Americans
- Veterans

Goal 1: Significantly increase the number of older and disabled adults with chronic conditions who complete evidence based CDSME programs to maintain or improve their health status.

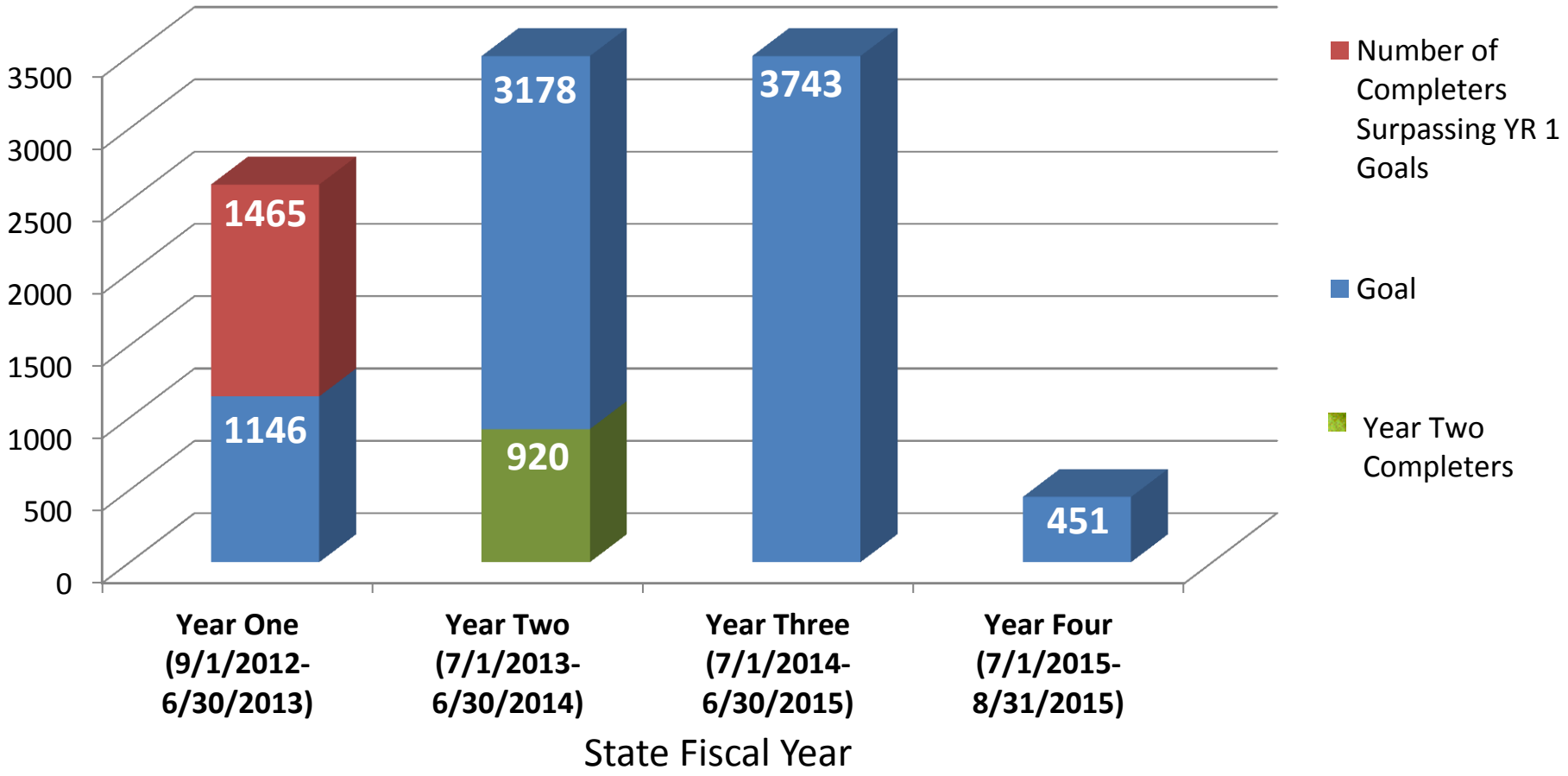
Chronic Conditions of CDSME Participants
September 1, 2012 – August 31, 2013



Source: 2013, NCOA Database, California.

Goal 1: Significantly increase the number of older and disabled adults with chronic conditions who complete evidence based CDSME programs to maintain or improve their health status.

Performance Goals
Years 1-4: 9/15/2012 to 8/31/2015



Goal 2: *Strengthen and expand integrated, sustainable service systems within California to provide evidence-based CDSME programs*

Statewide Delivery Partners and Sites
9/1/2012 to 10/1/2013

42 Host Sites (Delivery Partners)

An organization or agency that sponsors evidence-based programs

Often responsible for:

- Training
- Master Trainers and leaders
- Planning and monitoring the implementation of workshops.
- Holding the license to train and offer the program
- May also serve as an implementation site.

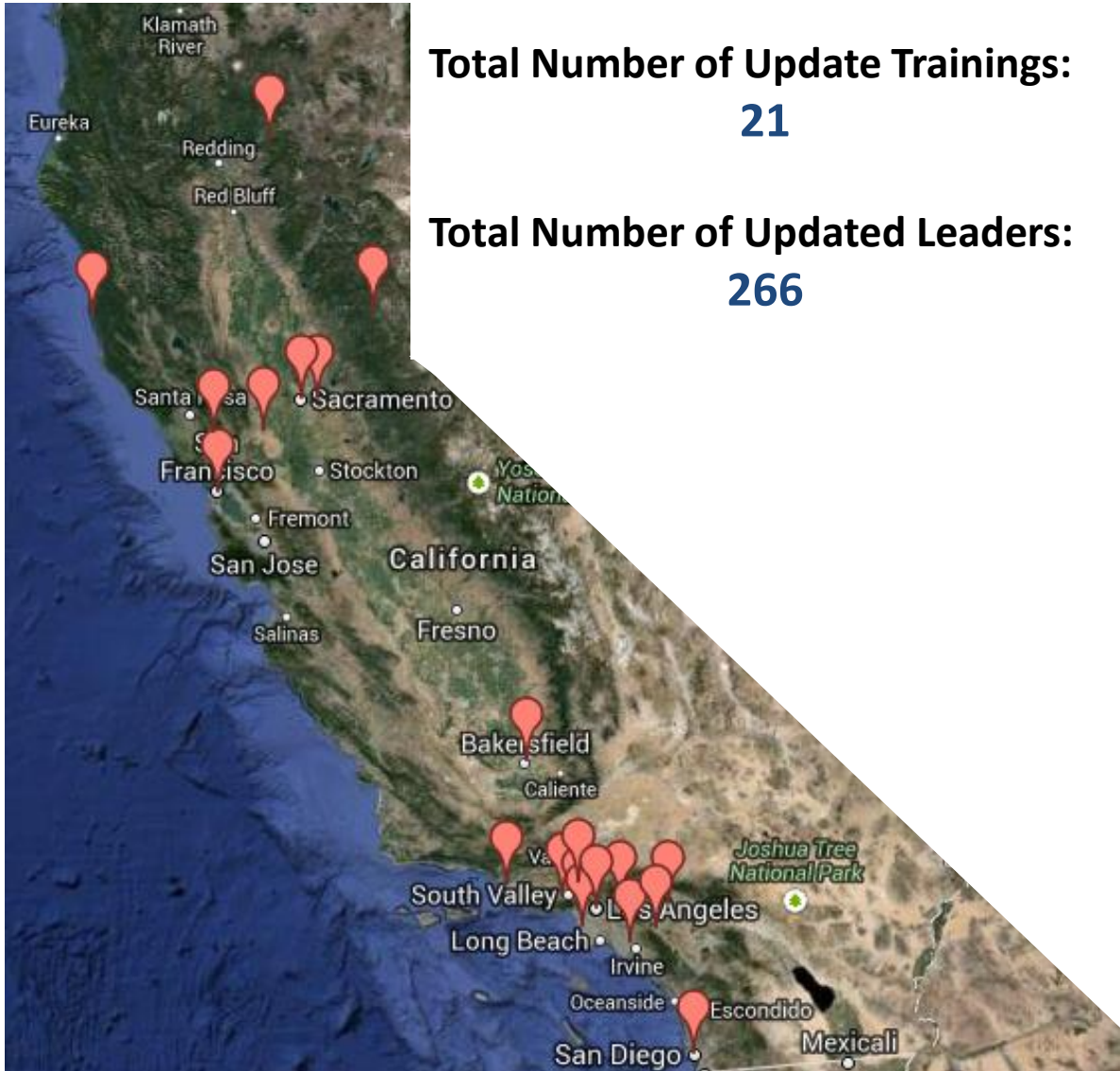
163 Implementation Sites (Delivery Sites)

- The physical location where program workshops are offered in the community.
- An implementation site may be identical to the host organization, or it may be a location (such as a community center, health care facility, church, etc.) that the host organization arranges to use

362 Workshops

UPDATE TRAININGS

- Los Angeles
- San Diego
- San Francisco
- Sonoma
- Ventura
- Mendocino
- Shasta
- Solano
- Nevada
- Riverside
- San Bernardino
- San Diego
- Sacramento
- Kern



Total Number of Update Trainings:

21

Total Number of Updated Leaders:

266

UPDATE TRAININGS

Kaiser Permanente

- 7 update trainings - 90 updated leaders
  - Los Angeles
  - Riverside
  - San Bernardino
  - San Diego

Dignity Health

- 3 update trainings - 27 updated leaders
  - Sacramento
  - Kern

Aging Network

- 8 update trainings - 121 updated leaders
  - Los Angeles
    - Ventura
  - San Diego
  - San Francisco
  - Sonoma
  - Napa/Solano

Public Health Network

- 3 update trainings - 28 updated leaders
  - Mendocino
  - Shasta
  - Solano
  - Nevada

NEW LEADER TRAININGS

- Los Angeles
- Santa Barbara
- Orange
- San Diego
- San Francisco
- Calaveras
- Tuolumne
- Humboldt
- Imperial
- Madera
- San Bernardino
- San Diego
- Sacramento
- Monterey
- Shasta
- Siskiyou
- Solano
- Tulare
- Mendocino
- Merced

Total Number of New Leader Trainings:

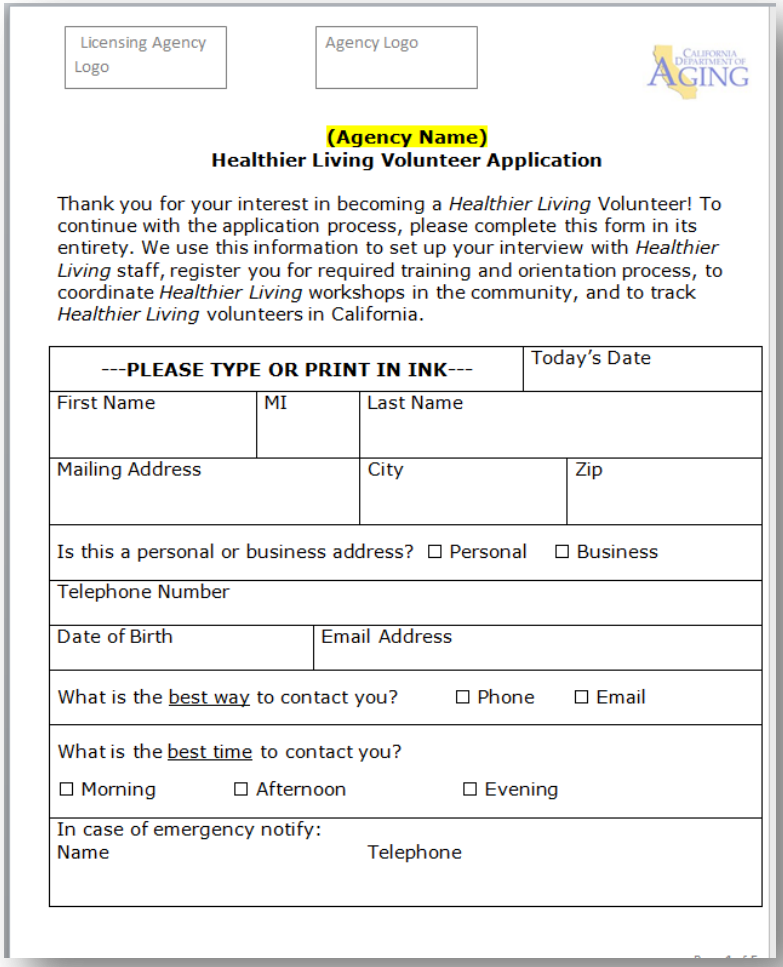
39

Total Number of New Leaders:

417

LEADER RECRUITMENT MATERIALS

- Introduction Letter/Packet
- Volunteer Application
- Interview Script
- Welcome Letter
- Leader Agreement



Licensing Agency Logo

Agency Logo

California Department of Aging

(Agency Name)
Healthier Living Volunteer Application

Thank you for your interest in becoming a *Healthier Living* Volunteer! To continue with the application process, please complete this form in its entirety. We use this information to set up your interview with *Healthier Living* staff, register you for required training and orientation process, to coordinate *Healthier Living* workshops in the community, and to track *Healthier Living* volunteers in California.

---PLEASE TYPE OR PRINT IN INK---		Today's Date
First Name	MI	Last Name
Mailing Address	City	Zip
Is this a personal or business address? ☐ Personal ☐ Business		
Telephone Number		
Date of Birth	Email Address	
What is the best way to contact you? ☐ Phone ☐ Email		
What is the best time to contact you? ☐ Morning ☐ Afternoon ☐ Evening		
In case of emergency notify: Name Telephone		

PEDAL EXPANSION

- San Diego
- Napa/Solano
- Sacramento (PATH)
- San Francisco
- Los Angeles
- Orange County

Sustainability

Public Funding

- CA4Health
- Title IIID Funds for Evidence-based Programs.
- County Health & Human Services Agency in support of CDSMP and DSMP in San Diego.
- Corporation for National Community Service in support of CDSMP for Veterans in California and Vermont.
- Medicare Billing Number & Accreditation received in San Diego & filed for in Los Angeles.

Philanthropic Funding

- Kaiser Permanente in support of Latino Outreach for CDSME in Napa/Solano.
- Kaiser Permanente in support of evidence-based programs in Ventura County.
- Annenberg Foundation in support of CDSMP for Veterans in Los Angeles.
- Medtronic Foundation in support of DSMP in Los Angeles.
- SCAN Foundation in support of CDSMP in Low-Income Housing Sites in San Francisco.
- Santa Barbara Foundation in support of evidence-based programs in Santa Barbara County. (pending)

DEVELOPING HEALTHCARE SYSTEMS PARTNERS

- *Strength to Serve AmeriCorps* Program
  - Los Angeles, CA
  - Sacramento, CA
  - San Francisco, CA
  - Santa Clara, CA
  - White River Junction, VT

Applications coming soon for 2014-2015 program year!

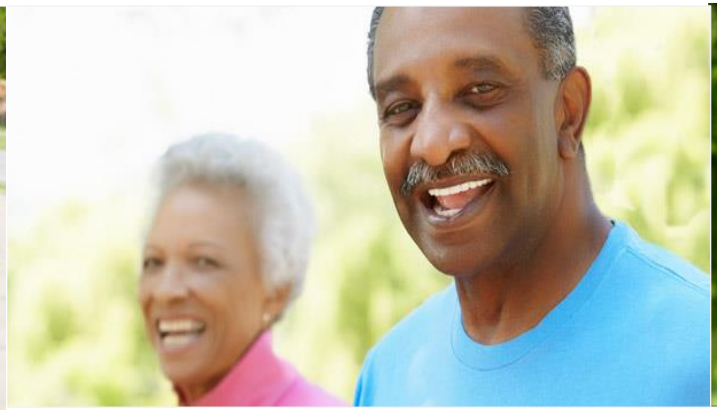
- Quality Assurance Workgroup
  - Camarillo Healthcare District
  - Dignity Health
  - Kaiser Permanente
  - San Diego Aging & Independent Services

STATEWIDE TECHNICAL ASSISTANCE

- CA Healthier Living Coalition
  - Membership Application
  - Webinars
- Program Development
  - New Website, Training Calendar & CDSME Outreach Materials
  - Quality Assurance Plan
    - Regional Coordinator calls 2014
  - Session 0
- Program Evaluation & Support
  - Renewed Statewide CDSME Licensing
  - CDSME Affiliate Agreement **New, Coming Soon!*
  - Ongoing TA calls
  - CDSME Toolkit
  - Data Analysis

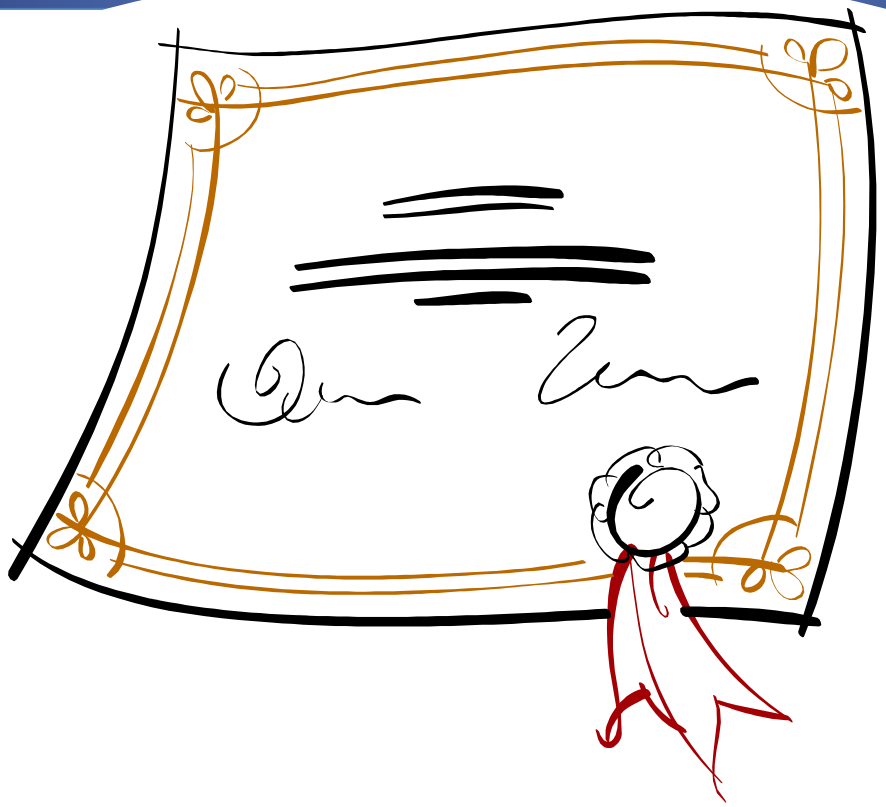
GoToWebinar by CITRIX

AWARDS



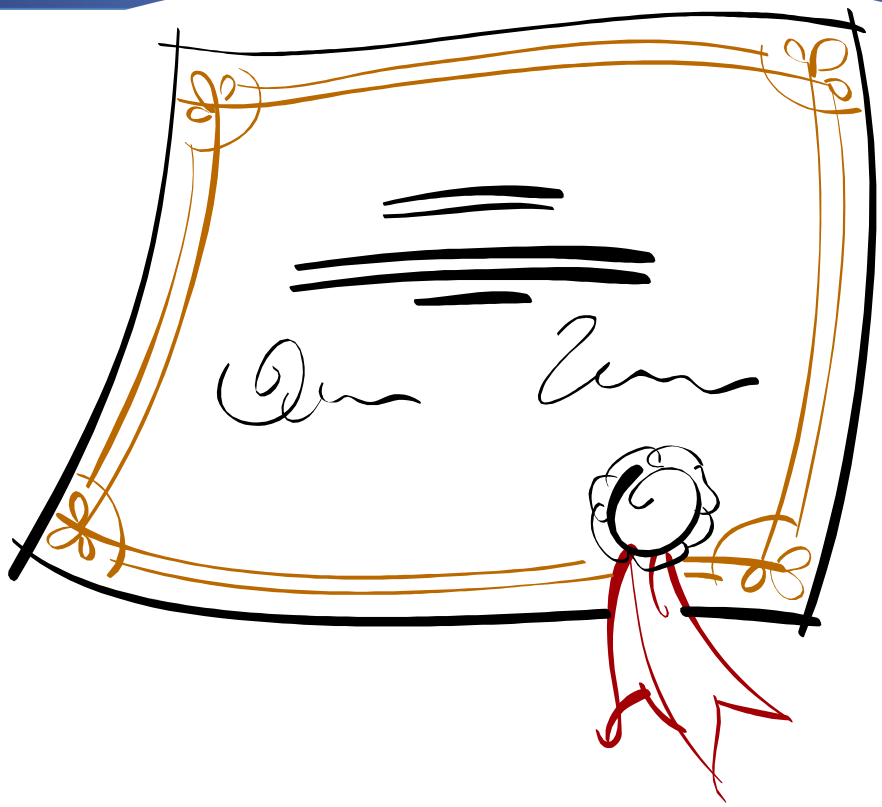
EVIDENCE-BASED PROGRAM EXPANSION

Los Angeles County



EVIDENCE-BASED PROGRAMS TO DIVERSE POPULATIONS

San Diego County

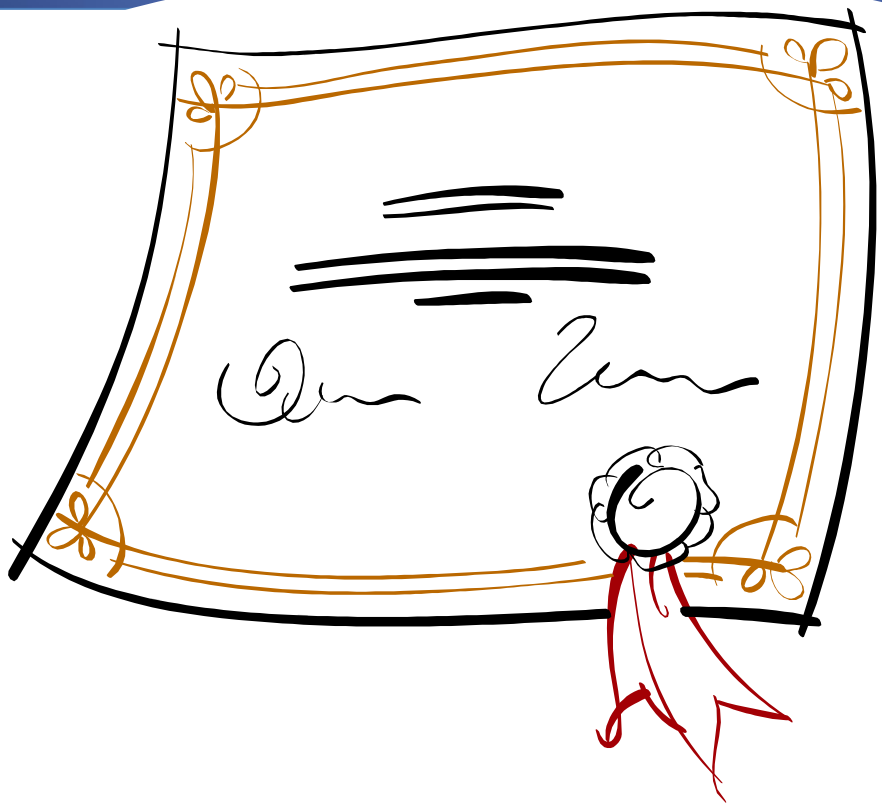


WORKSHOP PARTICIPANT RETENTION

Sonoma County

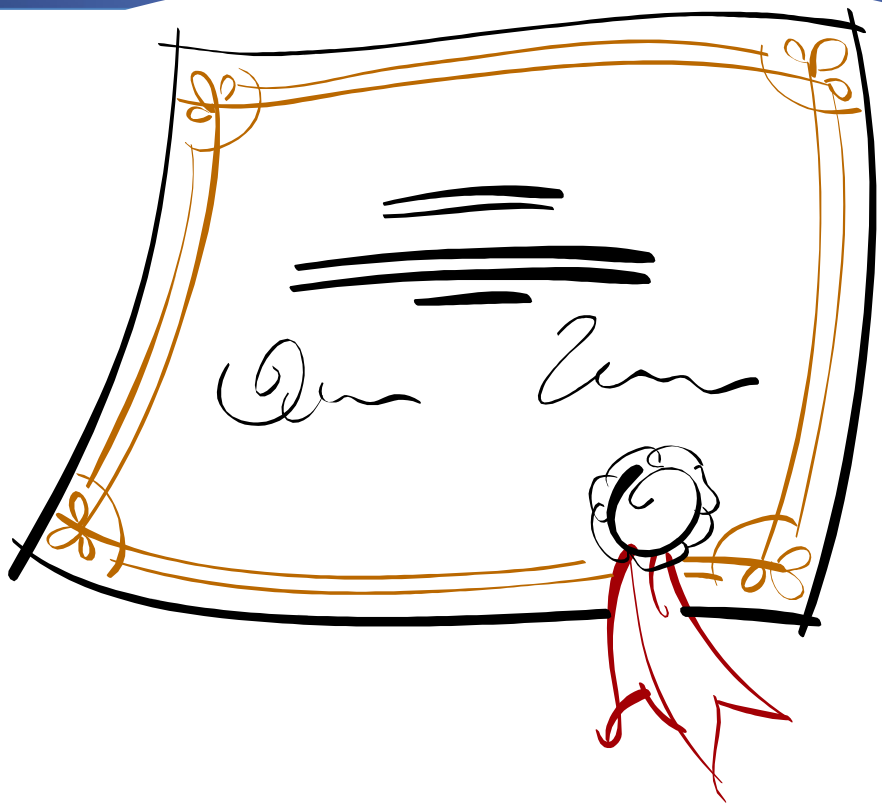
BUILDING PROGRAM SUSTAINABILITY

San Francsico County



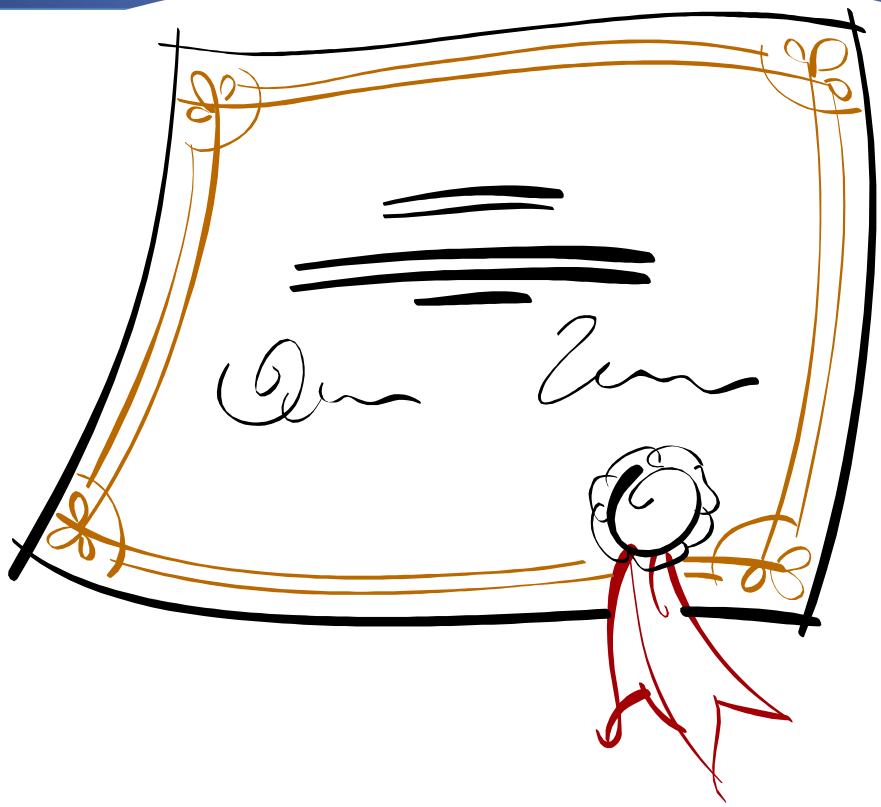
PARTNERSHIP DEVELOPMENT

Orange County



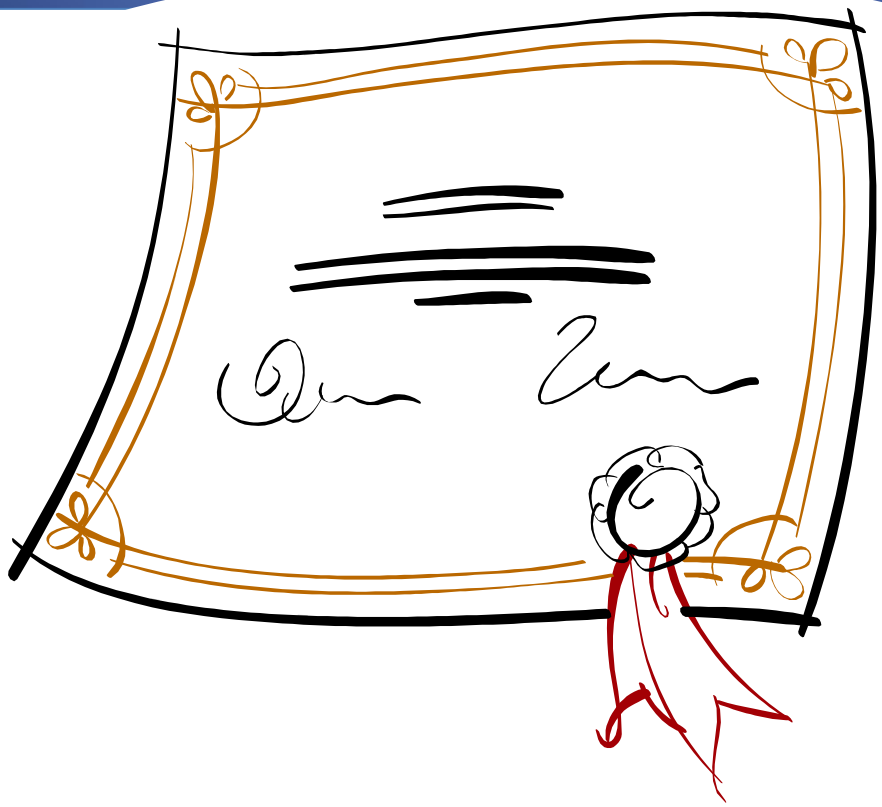
AGING & PUBLIC HEALTH PARTNERSHIP

Napa & Solano Counties



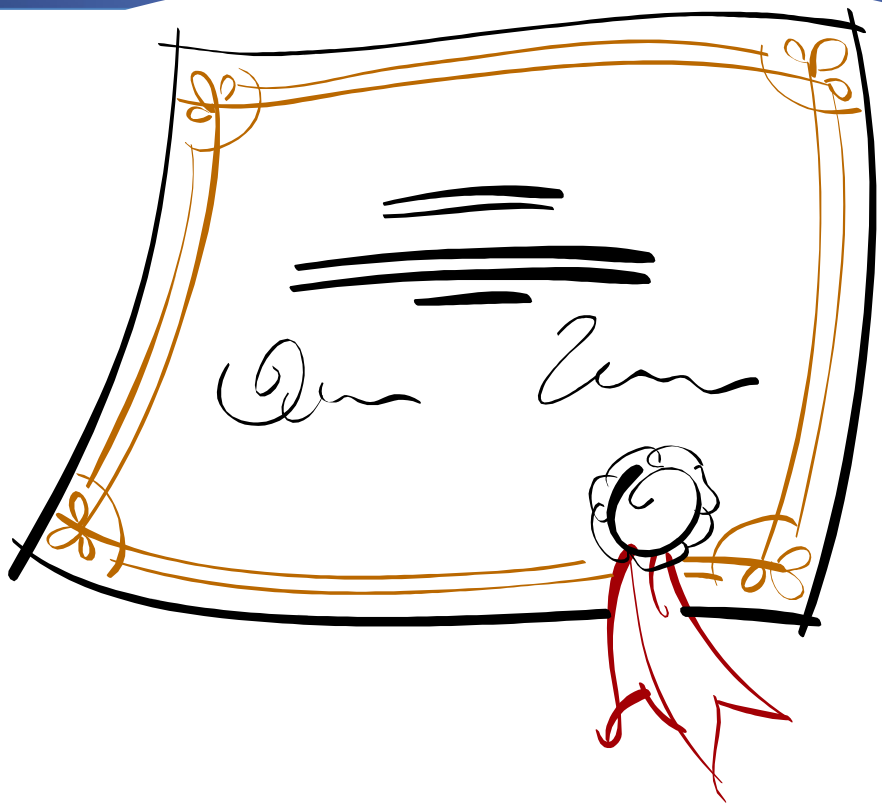
CHAMPIONS FOR CDSME PROGRAMS

Kaiser Permanente

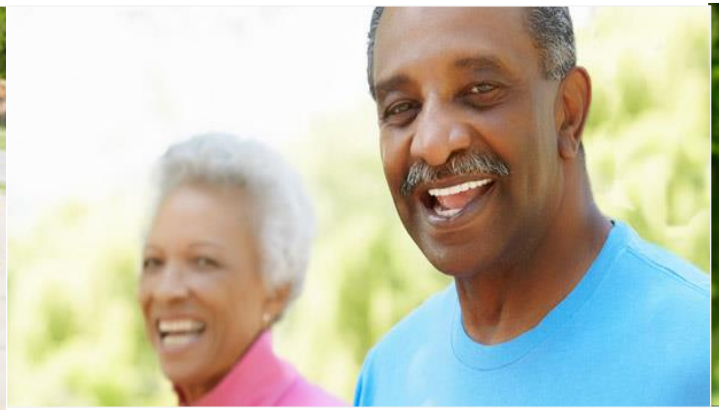


CHAMPIONS FOR CDSME PROGRAMS

Dignity Health



CLOSURE AND COALITION APPLICATIONS



THANK YOU!

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