




A Modernized Health System to Support Community Health and Advance Equity

Increasingly, policymakers and stakeholders are recognizing the importance of broadening our vision for health reform by expanding the focus from treatment to health and well-being. While the majority of innovative efforts to improve the American health system focus on increasing insurance coverage and access, while maintaining high quality, this move toward a broader approach is gaining momentum. To do this, however, we need to expand our concept of the health system to include health-related social needs and those services, programs, and policies outside of the medical delivery system that significantly affect health. Without a broader approach, there is a risk that current reforms will fail to address the fundamental root causes of poor health and the barriers to achieving improved community health.

The California State Health Care Innovation Plan (2012) included the concept of a multi-sector collaborative to improve community health, which spawned the California Accountable Communities for Health Initiative (CACHI). Funded by private philanthropy and in partnership with the state of California, CACHI is testing ways to broaden the current health system by emphasizing community health, upstream prevention and systemic changes. Such changes are the result of local leaders from multiple sectors (e.g., health care, public health, education, social services, and the justice system) working together with residents toward a common goal.

VISION FOR A MODERNIZED HEALTH SYSTEM THAT SUPPORTS COMMUNITY HEALTH



Community residents achieve optimal physical, emotional and social health, and well-being by leveraging their own engagement, empowerment, and social assets with care, services, and supports from their local health system.

The local health system sets common priorities and invests in prevention and community health. It includes effective multi-sector partnerships that provide integrated and aligned systems of care, services, and supports.

Stakeholders and residents share governance and decision-making, as well as a commitment to equity. They all have mutual accountability for, and directly contribute to, improving the community's health and well-being.

A modernized health system will allow us to address the root causes of poor health



CURRENT HEALTH SYSTEM
Individuals are viewed as enrollees, beneficiaries, patients, clients, and consumers of payers and providers
Payers and providers are only responsible for the health of their own individual enrollees, beneficiaries, patients, clients and consumers in their geographic service area
Individuals are viewed as having unmet needs
Payers and providers focus on “sick care”— delivering acute care, with chronic diseases to be managed
Health is defined primarily as the management of morbidity and mortality
Prevention is defined as providing recommended clinical preventive services
Payers pay providers to provide health care services; both payers and providers have few resources or tools to support other services
Payers and providers focus on achieving the triple aim of improved access and quality, and reduced costs
Achieving health equity and reducing disparities are, at best, among many often competing goals
Payers and providers are siloed, fragmented and often uncoordinated
Local health department/public health activities are separate from health systems
Social services systems are separate from health systems
At best, loose coordination among systems
Most cost reductions/savings kept by payers (Medicare, Medi-Cal managed care plans, employers, etc.); beginnings of some shared savings models
Payers are accountable to their own leadership and shareholders
There are multiple performance measures for health systems: some required, some incentivized and few aligned

MODERNIZED HEALTH SYSTEM
Community residents are viewed as essential drivers of their collective community health and well-being
The health system is accountable for the whole community—defined geographically—including all its residents
Community residents are viewed as having individual and collective assets, including social assets and social capital
Community health system also focuses on prevention, the whole person, meeting social needs and the social determinants of health
Community health is defined as multi-sector, multi-disciplinary activities that use public health science and evidence-based strategies to engage and work with communities in a culturally appropriate manner to optimize the health and quality of life for all persons who live, work or participate in a defined community
Prevention is defined as utilizing upstream policy, systems and environmental strategies to improve well-being community-wide
Community health system integrates and aligns care, services and supports from multiple sectors
Long-term goal of a community health system is optimizing the health and well-being of entire community
Achieving health equity and reducing disparities are essential to optimizing community health and well-being
Community health system brings together all payers and providers in a local community to coordinate and align collective and collaborative activities, assets and resources to optimize community health and well-being
Local health department/public health activities are coordinated with and integrated within community health system
Social services systems are coordinated with and integrated into community health system
Formal infrastructure/organization coordinates community health activities across systems
A portion of cost reductions/savings are re-invested in community health and well-being
Community health system is accountable to community residents
Community health system is a learning system, continuously improving and adapting in response to updated performance data about community health and well-being