Healthier Kids Foundation

6th Annual Symposium on the Status of Children’s Health

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why do we do this?
the solutions depend on the questions...

Senate GOP (S 2330);
House-passed GOP(HR 4250);
Democrats (S 1890; HR 3605)
where are we now?

U.S. Health Delivery System Transformation Path

1.0  
**Sick Care System**  
- Era: 1900s-1950s  
- Health Is: Absence of acute disease  
- Care Goal: Improve life expectancy

2.0  
**Coordinated Health Care System**  
- Era: 1950s-present  
- Health Is: Reduction of chronic disease  
- Care Goal: Reduce disability

3.0  
**Community Integrated Health System**  
- Era: 2000 onward  
- Health Is: Creating capacities to achieve goals, satisfy needs  
- Care Goal: Optimize health

Halfon et al., 2014
## Health Transformation Framework

<table>
<thead>
<tr>
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<th>1.0</th>
<th>2.0</th>
<th>3.0</th>
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<tbody>
<tr>
<td><strong>System Design</strong></td>
<td>Health service providers, operating separately</td>
<td>Team-based care within health</td>
<td>Community integrated services, health care as one component</td>
</tr>
<tr>
<td><strong>Care Model</strong></td>
<td>Little coordination between in/out patient care, episodic treatment</td>
<td>Chronic condition management, patient-centered care coordination</td>
<td>Health, psychosocial, and wellness care integrated across the life course</td>
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<tr>
<td><strong>Dominant Payment Approach</strong></td>
<td>Fee-for-service</td>
<td>Value-based health payments</td>
<td>Population-based global budgets, linked to multi-sector financial impact</td>
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<tr>
<td><strong>Approach to Quality</strong></td>
<td>Variable, low transparency</td>
<td>Consistent, standardize processes and outcomes</td>
<td>Continuous learning and quality improvement</td>
</tr>
<tr>
<td><strong>Beneficiary Lens</strong></td>
<td>Individual</td>
<td>Patient and family</td>
<td>Subpopulations and communities, equity-oriented</td>
</tr>
</tbody>
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Halfon et al., 2014. Adapted from Figure 2.
uninsured rate has been declining for children in recent years

KFF, KCMU analysis of NHIS data, March 2014
but coverage disparities still exist

Income Eligibility Levels for Children in Medicaid/CHIP, January 2016

Kaiser Commission on Medicaid and the Uninsured/Georgetown University Center for Children and Families data, January, 2016
social gradients in children’s health outcomes, school outcomes, and adverse family experiences, 2011-2012

Halfon, Wise, Forrest. (2014)

Percent of Federal Poverty Level
- Blue: <100
- Green: 100-199
- Orange: 200-399
- Gray: 400+

- Children in fair or poor overall health: 7.1%, 3.5%, 2%, 0.8%
- Children ages 10-17 who are overweight or obese: 44.7%, 37.3%, 28.7%, 21.9%
- Children ages 6-17 who have repeated a grade: 18%, 10.8%, 6.5%, 4%
- Children with one or more adverse childhood experiences: 66.6%, 59%, 45.1%, 27%

blueshieldcafoundation.org
what would health 3.0 look like in our communities?
INVEST IN YOUR COMMUNITY

4 Considerations to Improve Health & Well-Being for All

WHAT
Know What Affects Health

WHERE
Focus on Areas of Greatest Need

WHO
Collaborate with Others to Maximize Efforts

HOW
Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.

VISIT www.cdc.gov/CHInav FOR TOOLS AND RESOURCES TO IMPROVE YOUR COMMUNITY’S HEALTH AND WELL-BEING
collaboration underpins community health

Source (left): Foundation Center Maps. “Constellation” of Grants to Organizations Based in city of Riverside, CA in support of health, community development, human rights, or human services, 2010-2015. (Right) Centers for Disease Control.
integrated strategy to transform community systems to optimize child health

Source: www.allchildrenthrive.org
3.0 principles & design strategies

Community Empowerment and Engagement

Community Integration Functions

Information and Measurement

Financing Approaches
our work: communities for health

California Accountable Communities for Health (ACH)
systemic barriers to health innovations

- Unsupportive policy and payment framework
- Uncertainty with evidence base
- Different definitions of success
- Limited patient, and community engagement
- Under-achieving implementation science
tools to support health innovation ecosystem

Flexible Resources

Replication and Behavioral Science

Patient and Community Advocates

Supportive Policies and Payment Approaches

Learning Community

Technical Assistance

Evaluation
  - Rapid Cycle
  - Independent Assessment
unanswered questions

1. Who is included in the system and who is excluded?

2. What is the best organizational structure to address these issues?

3. How can you create the right policy environments to support Health 3.0?

4. How are the resources allocated among systems and within health system?
thank you

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