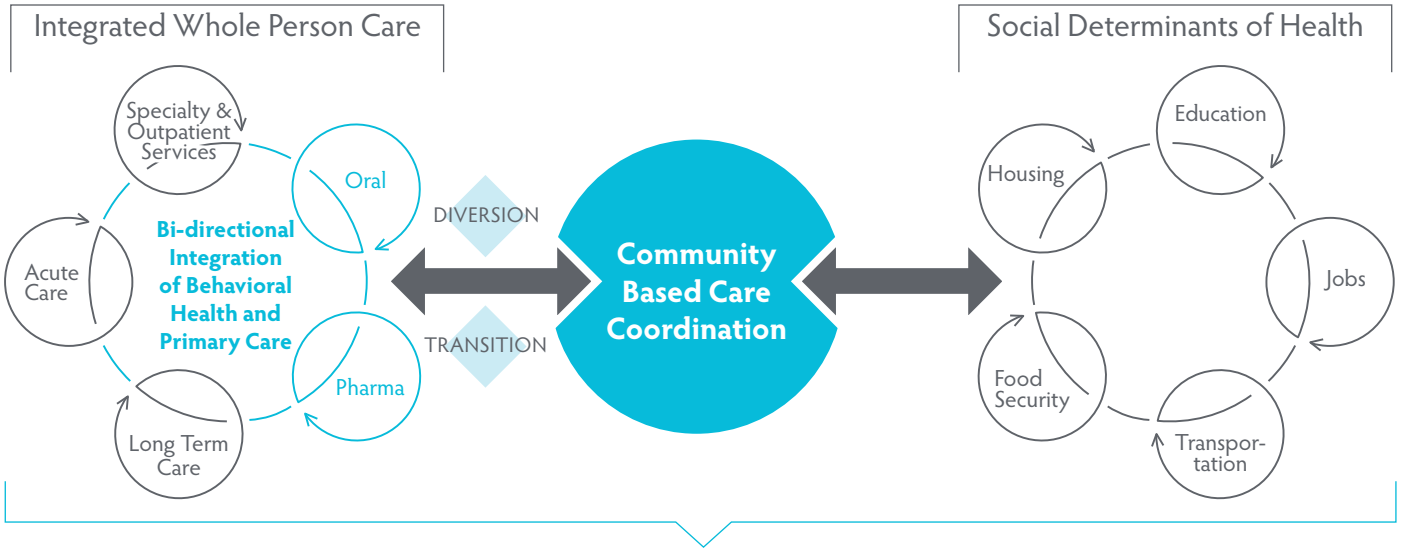
better health together

Theory of Action

TRANSFORM COMMUNITY HEALTH

Create robust linkages between health care and social determinants of health to improve population health outcomes and accelerate transition to value based payment



5 YEAR DEMONSTRATION PERIOD TARGETED POPULATIONS & OUTCOMES

- People transitioning out of jail*
- People with chronic conditions (diabetes, asthma, hypertension, & cardiovascular disease)
- Women of child bearing age & children
- Kids in foster care & aging out*
- Addressing opioid use*

*Expected to affect the number of people experiencing homelessness, dual eligibles

MEASUREMENTS

- 90% of state payment tied to value by 2021
- Implement full integration of Medicaid payments and delivery system by 2020
- Implement Fully Integrated Managed Care as a mid-Adopter by 2019
- Demonstrate multi-sector savings and creating shared savings models to invest in upstream prevention
- TBD measurement to demonstrate integrated care delivery
- TBD measurement around data sharing
- Increase primary care capacity by x%
- Increase rural health capacity by x%
- Increase Medicaid accepting Oral Health providers by x%
- Increase behavioral health capacity by x%
- Increase utilization of community-based care coordinators by x%
- 100% of eligible community members have health insurance

PAY FOR VALUE

Pay for outcomes in the health care and in social determinants of health systems

- Implement robust data management mechanisms throughout the region
- Encourage Value Based Care models

EXPAND EQUITABLE ACCESS TO CARE

Everyone has the right level of culturally appropriately care in the best setting.

- Retain 95% insurance rates
- Increase and sustain health workforce capacity

ALIGN COMMUNITY STRATEGIES

Create integrated community based plans to improve population health outcomes throughout the region.

- Population Health Strategy Maps
- Social Determinants of Health Strategy Maps

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