

### Framework for Examination

#### The Market

- •Geographic Assessment
- •Resource Utilization
- •Partnership Analysis
- Payers
- Community

#### The People

- •Demographic
- Information
  •Health Status
  Information
- Perceptions

### The Providers

- •Health Care
- Services Description
  •Financial Viability
- •Physical Facilities and Equipment
- •Leadership (Management, Clinical, Governance)



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Match External Facilitation

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# **Recognized Principles**

- Communities can have integrated delivery systems that serve 100% of the population
- Integrated systems produce better health for more people at less cost
- There is a process through which communities can go to achieve success (systematic but not linear)
- We know what a transformed community health system looks like as measured by the keys to success
- State and national policy can make a difference
- Technical assistance is often essential and there are partner communities, organizations and experts available to help communities



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## The Keys to Success

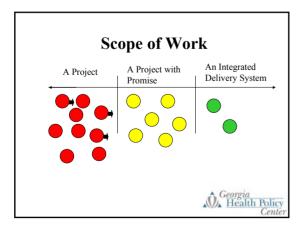
- Clear Vision and Intent
  - o Leadership
  - o Bold goals based on needs and assets
  - o Broad community participation
- · Culture of Caring
  - o Whole patient is a priority
  - o Information to support integrated care
- · Communication and Campaigning
  - o Internal and external marketing
  - o Pacing events
  - o Advocacy with decision makers



# Community Health System Development Milestones

- · Community decision to partner
- · Form critical relationships
- · Clear Intent
- · Business plan
- · Systems built
- · Services delivered
- · Results measured
- Expansion
- Replication
- · Sustainability





### **Milestones Accomplished** Milestones HCCG Context #1 Decision to partner locally and regionally #2 Full range of community and provider partners #3 Target group and intent identified #4 Comprehensive Business Plan developed #5 Delivery system built and provider/community contributions secured #6 Services delivered #7 Results and impact measured #8 Replication/expansion activities planned #9 Replication activities initiated Georgia Health Policy Cente

### **State Level Infrastructure to Support Health System Development**

- Increase access to health insurance (Medicaid expansion, SCHIP, small
- Match federal cost based reimbursement opportunities
- Pay integrated community health care systems for their ability to improve the health of Medicaid enrollees and state employees
- Use indigent care trust fund mechanisms to maximize community health system development
- Offer grants to help communities build local health care systems that focus on health status and access improvement
- Partner with foundations to support communities
  Develop technical assistance and information infrastructure to support communities
- Invest in physician leadership development
- Develop state level access to free and reduced prescriptioned medications
- Loosen or eliminate insurance regulations for community uninsured programs Create a policy environment that is conducive to community health system development (e.g. allowing flexibility in local tax options)

# **Show Me the Money**

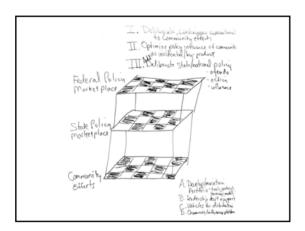
- · The Business Case
- The Double Bottom Line
- · The Balanced Score Card
- · Social Entrepreneurism
- · Sustainability

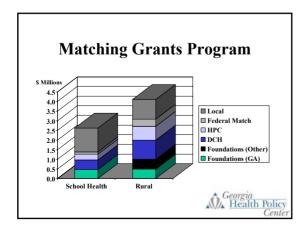


### Abundance

- Economies of Scale (Network member shared services)
- · Local Government, Business, Philanthropy
- State and National Resource Investment and Policy
- Volunteerism
- National Health Care Expenditures (integrated health care systems that provide better care for more people at less cost and negotiate with payers to share in the gain that results when health is changed?







# National Health Care Expenditures

- Total 1.3 trillion
  - Hospitals \$416,000,000,000
  - Professional \$428,000,000,000
  - Pharmacy \$117,000,000,000
  - Nursing Home \$96,000,000,000
- Save 5% of hospital expenditures
  - -20,000,000,000

