

# **Child Health System Transformation Initiative**

Background, Design & Projects

# Background

- Three Eras of Health Care
- Affordable Care Act and Child Health
- What is Needed

# Three Eras of Health and Health Care – Three Operating Systems

	<b>First era: 1.0</b> Medical care and public health services (1850s to 1960s)	<b>Second era: 2.0</b> Health care system (1950s to present day)	<b>Third era: 3.0</b> Health system (2000 going forward)
<b>Definition of health</b>	Absence of acute disease	Reduction of chronic disease	Creating capacities to achieve goals, satisfy needs, fortify reserves
<b>Goal of health system</b>	Improve life expectancy	Reduce disability	Optimize health
<b>Model of health and disease causation</b>	Biomedical	Biopsychosocial	Life-course health development
<b>Primary focus of services</b>	Diagnose and treat acute conditions	Prevent and manage chronic disease	Promote and optimize health of individuals and populations
<b>Organizational operational model</b>	Clinics and offices linked to hospitals	Accountable care organizations and medical homes	Community-accountable health development systems
<b>Dominant payment mechanisms</b>	Indemnity insurance; fee-for-service	Prepaid health benefits, capitation	Health trusts and management of balanced portfolio of financing vehicles
<b>Role of health and health care provider/organization</b>	To protect from harm, cure the sick, and heal the ill	To prevent and control risk, manage chronic disease, and improve quality of care	To optimize health and well-being
<b>Role of individual and community</b>	Inexperienced patient	Activated partner in care	Co-designers of health

# Innovation Driven US Health Care Delivery System Evolution

Health Delivery System Transformation Critical Path

## Acute Care System 1.0

Episodic  
Non Integrated  
Care

- Episodic Health Care
  - Sick care focus
  - Uncoordinated care
  - High Use of Emergency Care
  - Multiple clinical records
  - Fragmentation of care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly Coordinate Chronic Care Management

## Coordinated Seamless Healthcare System 2.0

Outcome  
Accountable  
Care

- Patient/Person Centered
- Transparent Cost and Quality Performance
  - Results oriented
  - Assures Access to Care
  - Improves Patient Experience
- Accountable Provider Networks Designed Around the patient
- Shared Financial Risk
- HIT integrated
- Focus on care management and preventive care
  - Primary Care Medical Homes
  - Care management/ prevention focused
  - Shared Decision Making and Patient Self Management

## Community Integrated Healthcare System 3.0

Community  
Integrated  
Healthcare

- Healthy Population Centered
  - Community Health Linked
  - Cost , Quality, and Population Transparency
  - Accessible Health Care Choices
- Community Health Integrated networks capable of addressing psycho social/economic needs
- Population based reimbursement
- Learning Organization: capable of rapid deployment of best practices
- Community Health Integrated
  - Healthy People Goal Oriented
  - Community Health Capacity Builder
  - Shared community health responsibility
- E-health and telehealth capable
  - Patient remote monitoring and management
  - Health E-Learning resources

# ACA Implementation

- Stimulating turbulent disruptions
- Creating potential for substantial health system innovation and improvement
- Rush to develop ACOs, unleashing market forces, significant delivery system changes
- Growing pressure for different types of payment reform

# ACA Reforms and Child Health

## **Positives:**

- Expansion of parent health insurance
- No lifetime caps
- No discrimination based on pre-existing conditions
- Better access to preventive care

## **Negatives:**

- Breakdown of regionalized care
- Squeeze on children's health services
- Challenges for children's hospitals
- Child benefit packages
- Second, third order consequences

# What is needed to get to 3.0 care?

- Minimizing harm
- Maximizing gains
- Catalyzing transformation that optimizes health development of children and informs policy and practice nationally
- Leveraging all tools in ACA and related efforts and synergizing those resources for the MCH community

# Focused effort should include:

- Forward-looking monitoring and analysis
- Real time learning, innovation, and improvement that includes
  - Rapidly prototyping new approaches
  - Linking together strategies that work, and testing their impact and efficacy
- Leveraging and taking advantage of related statewide efforts and local community initiatives to maximize synergies



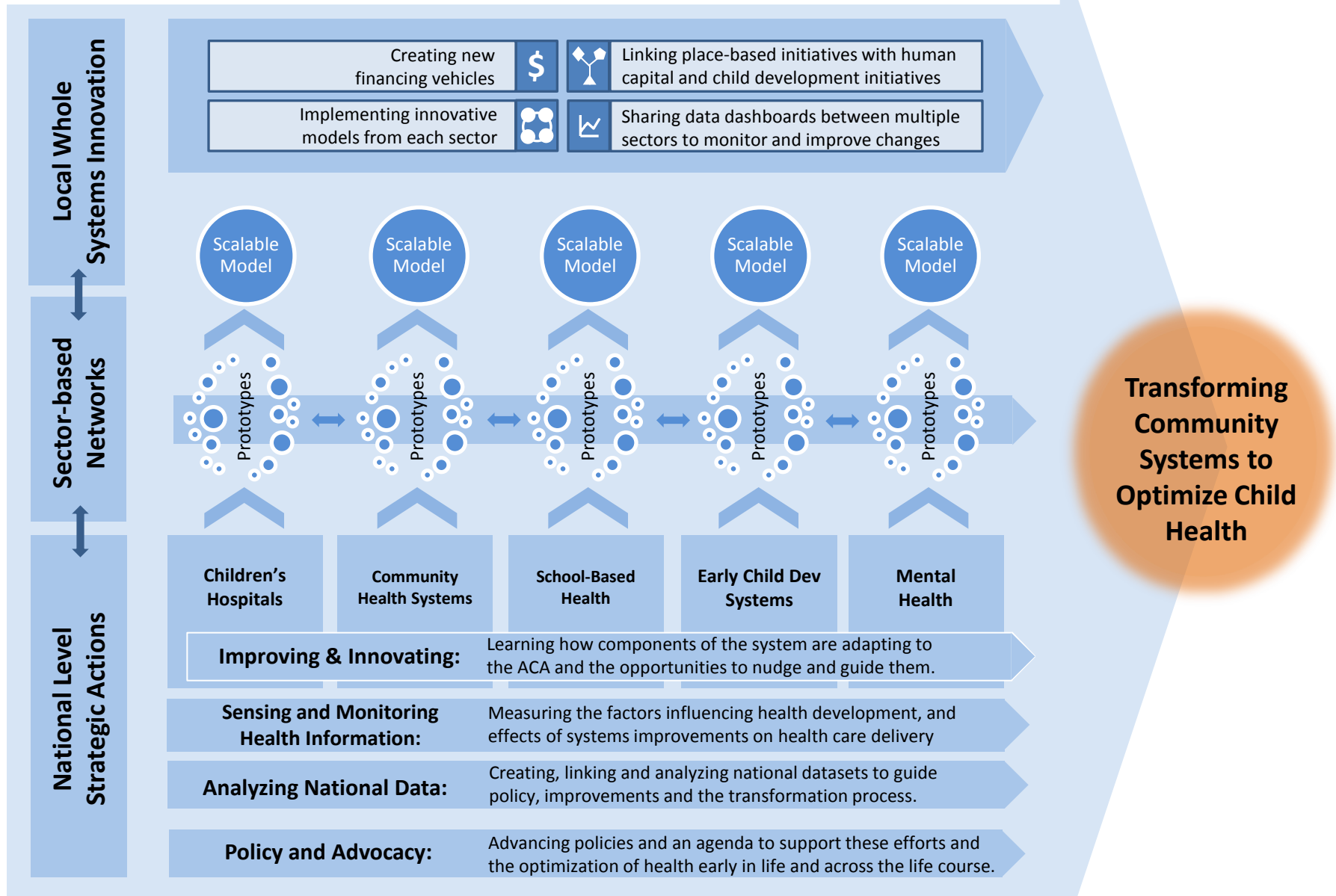
# CHSTI Design

- Integrated Strategy
- Sector-Specific Learning and Innovation Systems
- Place-based Community Innovations

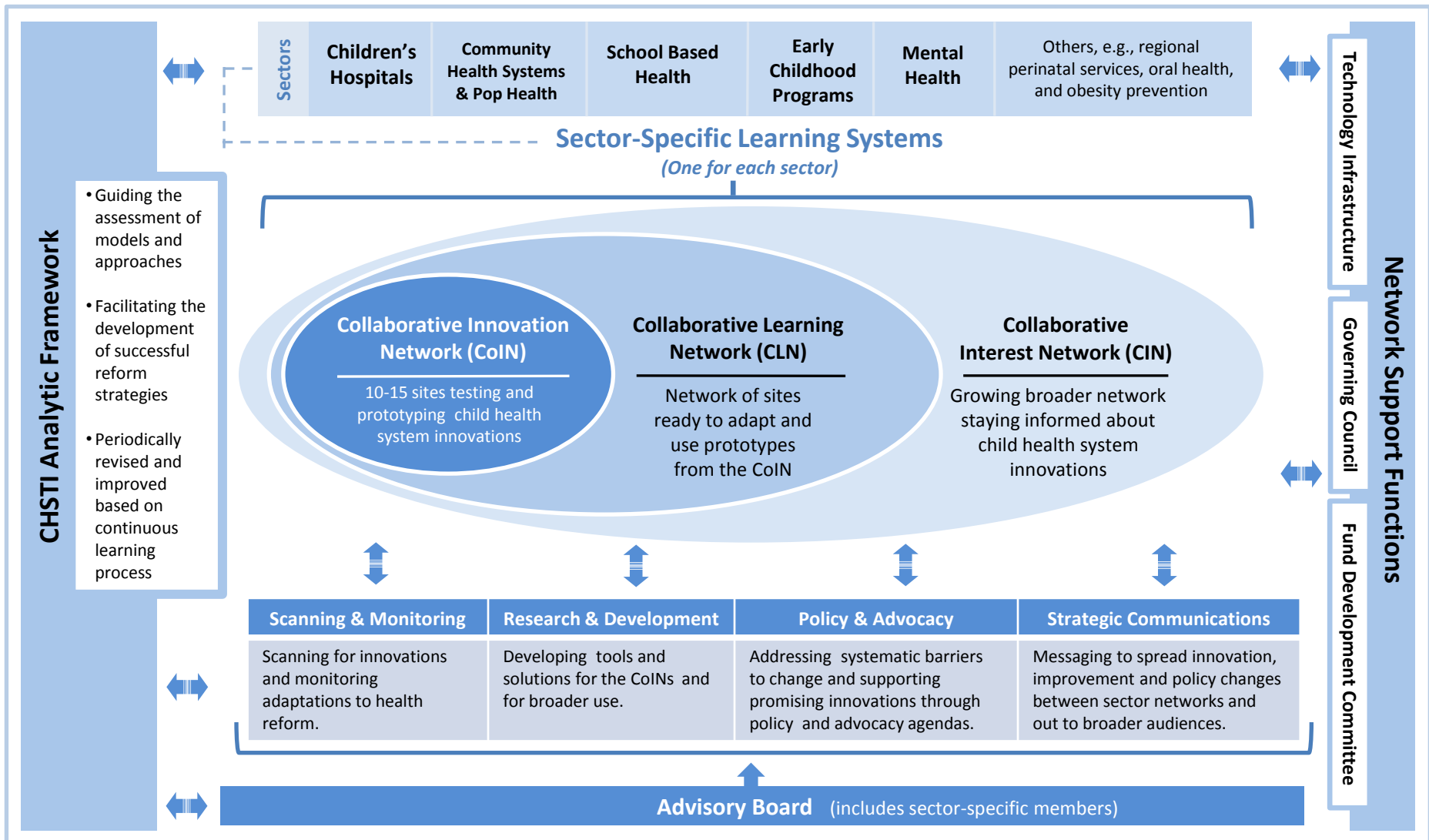
# Child Health System Transformation Initiative (CHSTI)

- Conceived and developed by a national team of child health service, policy and delivery system experts
- Designed to leverage ACA implementation to:
  - Transform child health system- systematically advancing 3.0 design principles, strategies and prototypes
  - Rapidly establish a systematic process for monitoring, analyzing, responding to emerging threats

# INTEGRATED STRATEGY TO TRANSFORM COMMUNITY SYSTEMS TO OPTIMIZE CHILD HEALTH








# Child Health System Transformation Initiative: Sector-Specific Learning Systems

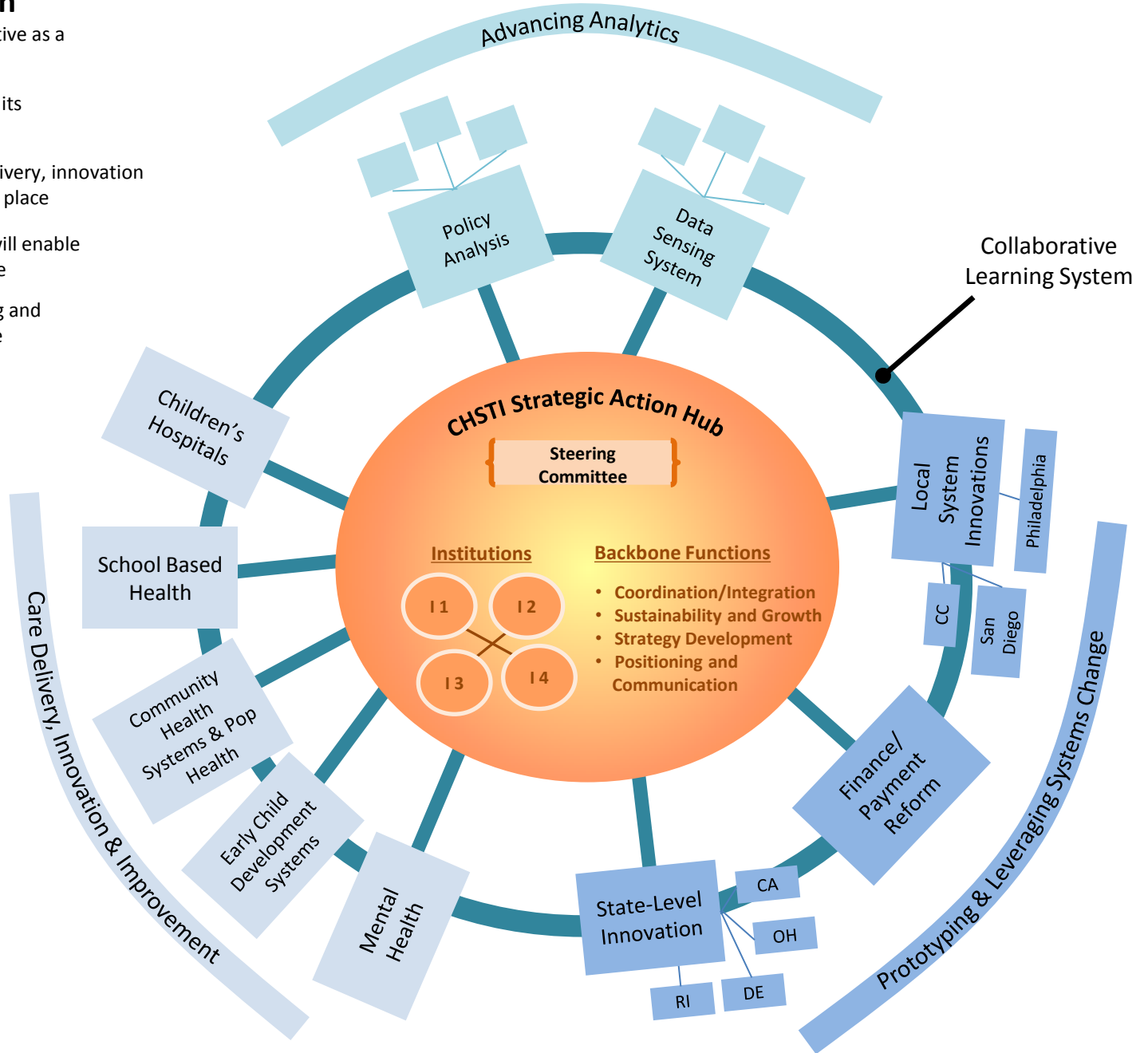


The Child Health Systems Transformation Initiative is a self-organizing, open source network that links sector-specific learning systems (e.g., children's hospitals, school-based health centers, community clinics, etc.) with an initiative-wide analytic framework, advisory board, and set of network support functions, including a technology infrastructure, a governing council and fund development committee. Each sector-specific learning system has three nested networks: 1) A *Collaborative Innovation Network (CoIN)* of leading edge organizations using structured methods for testing and refining innovations., 2) A *Collaborative Learning Network* of forward-thinking organizations ready to learn from and adopt innovations developed by the CoIN, and 3) A *Collaborative Interest Network* of the broader array of organizations in a given sector that stay informed about and help to spread innovations in the field. These learning systems allow for fluid movement or organizations between networks to facilitate spread and scale. Each learning system is supported by *scanning and monitoring* of innovations and ACA impacts in that sector, *research and development* to create tools and solutions for deployment to the CoIN, *policy and advocacy* to analyze policy barriers and recommend policy solutions, and *strategic communications* for messaging to key internal and external audiences.

# CHSTI Network Design

This diagram shows how the initiative as a whole will be set up, including:

-  The hub at the center and its backbone functions
-  The sectors where care delivery, innovation and improvement will take place
-  The type of analysis that will enable improvement to take place
-  The arenas for prototyping and leveraging systems change
-  A virtual Collaborative Learning System to connect the above activities



# Projects

- Sector Specific Projects  
(care delivery, innovation & improvement)
- CHSTI Network Projects  
(prototyping and leveraging systems change)

# CHSTI Sector-Specific Projects

- **Community Health Systems & Population Health**

- Funded by Kresge Foundation

- **Children's Hospitals**

- **School-Based Health Centers**

- **Early Childhood Pediatric Services**

- **Future child health work force**



# CHSTI Network Projects

- **Local Health System Innovation Project**
  - Driving whole system transformation in cities and counties across the country
- **State Monitoring and Innovation Network**
  - State-level innovation and alignment in the child health system



# CHSTI aims to produce:

- **3.0 system prototypes** that demonstrate the feasibility of transformative change
- **States with enhanced capacity** to assure optimal implementation of the ACA and capability to drive innovations in the child health system
- **Catalytic community health centers** developing Community Accountable Health Systems
- **Thriving children's hospitals** that are improving the quality care for CSHCN
- **3.0 SBHCs** prominently positioned, financially sustainable and serving as centers of community health
- **Momentum, hope, potential, transformation and change**