California Wellness Plan Implementation

Best Practices and GPRA Measures
Continuing Medical Education
May 6, 2015 Sacramento, CA
Governor’s Executive Order B-19-12

- Develop 10 year plan to improve the health of CA, control costs and improve quality of health care, promote personal responsibility for health, and advance health equity.

- Let’s Get Healthy California Taskforce Charge by Secretary Dooley: What will it take for CA to be the healthiest state in the nation?
Let’s Get Healthy
California Task Force Framework

The Triple Aim:
Better Health • Better Care • Lower Costs

Health Across the Lifespan

Living Well:
Preventing and Managing Chronic Disease

Healthy Beginnings:
Laying the Foundation for a Healthy Life

End of Life:
Maintaining Dignity and Independence

Pathways to Health

Redesigning the Health System:
Efficient, Safe, and Patient-Centered Care

Creating Healthy Communities:
Enabling Healthy Living

Lowering Cost of Care:
Making Coverage Affordable and Aligning Financing to Health Outcomes

Health Equity: Eliminating Disparities

http://www.chhs.ca.gov/pages/LGHCTF.aspx
California Wellness Plan

• California’s Chronic Disease Prevention and Health Promotion Plan
• Let’s Get Healthy California Task Force Priorities & Performance Measures
• 9 year timeframe; numerous Programs
• Objectives with baseline, benchmark and target outcomes; Population health focus
• Healthy Community Indicators
California Wellness Plan

Goals

Equity in Health and Wellness

1. Healthy Communities
2. Optimal Health Systems Linked with Community Prevention
3. Accessible and Usable Health Information
4. Prevention Sustainability and Capacity

Plan posted online February 28, 2014

http://www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx
CDPH Commitment
Goal 1 Healthy Communities

• Create a Compendium of Best Practices to help local health departments engage community planning and development agencies

• Assist with the Governor’s Office of Planning & Research local forums to increase integration of public health and the community planning and development sector
CDPH Commitment
Goal 2 Optimal Health Systems Linked with Community Prevention

• Statewide Workgroup to increase integration of public health and the health care sector
• Health economist to perform return on investment (ROI) analyses of prevention activities
• Health Reform Coordinator (Dana Moore)
CDPH Commitment
Goal 3 Accessible and Usable Health Information

• Create an online toolkit to guide local access to online population health data
• CDPH Health Information Exchange (HIE) Gateway http://hie.cdph.ca.gov/
• CDPH Open Data Portal health.data.ca.gov
CDPH Commitment
Goal 4 Prevention Sustainability & Capacity

Participate in California State Innovation Model Grant Implementation
Coordination with Partners

• Over $35 million in federal Prevention and Public Health Fund (Patient Protection and Affordable Care Act) Awards for chronic disease (heart disease, stroke and diabetes) prevention to 28 California public health, community and tribal organizations
  [Link](http://www.cdc.gov/chronicdisease/about/2014-foa-awards.htm)

• Community of Practice (TCE PHI PI CCLHO CL)

3/27/2015 1st Mtg
Community of Practice

“...an innovative and resourceful systems approach, beginning with a community of practice for preventing chronic diseases and addressing health inequities.”

Dr. Tony Iton, The California Endowment 3/27/2015
Principles of Collaboration

- Collaboration across sectors and between community and government
- Equity as an underlying element of all prevention & health promotion strategies
- Strategies that build on relevant prior experience in CA
- Sharing lessons & tools widely in real time
CoP SOW

• Model scalable, sustainable practices.
• Build coherent voice and advocacy for change.
• Capacity-building towards accountable communities for health and other pay for performance models.
• Build readiness to apply for additional funding.
• Keep decision-makers and the public informed about need, value, and impact.

Dr. Tony Iton, The California Endowment 3/27/2015
CDPH Commitment to Native People in CA

- Communicate all CWP Implementation news via email to Indian Health Service California Area Office of Public Health
- IHSCAOPH Chief Medical Officer serves on CWP G2 Comprehensive Medication Management Statewide Implementation work group
- CDPH and IHSCAOPH commitment to collaboration, including CoP
## Estimated health care costs in CA\(^1\)

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>Estimated health care costs in 2010 in CA(^2)</th>
<th>Percentage of total health care expenditures(^3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>$14 Billion</td>
<td>6.2%</td>
</tr>
<tr>
<td>Asthma</td>
<td>$9 Billion</td>
<td>4.1%</td>
</tr>
<tr>
<td>Cardiovascular disease</td>
<td>$38 Billion</td>
<td>16.1%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>$13 Billion</td>
<td>5.6%</td>
</tr>
<tr>
<td>Cancer</td>
<td>$14 Billion</td>
<td>6.0%</td>
</tr>
<tr>
<td>Depression</td>
<td>$10 Billion</td>
<td>4.4%</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$98 Billion</strong></td>
<td><strong>42.4%</strong></td>
</tr>
</tbody>
</table>

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2. Based on statewide prevalence data & CDC Chronic Disease Cost Calculator Version
3. Based on 2009 U.S. Centers for Medicare & Medicaid Services data.
Thank you

Questions?

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