

Present Members:

Karis Gounds
Julie Howell
Steve Hornberger
Natache Muschette
Shreya Shah
Michelle Silverthorn
Jan Spencley

Vernita Todd
Lindsey Wade
Nancy White
Nick Yphantides

Absent Members:

Camey Christenson
Rodney Hood
Nancy Sasaki

Staff and Consultants:

Kitty Bailey
Elizabeth Bustos
Cheryl Moder
Erica Osborne
Christy Rosenberg

Welcome and Introductions

Kitty Bailey opened the meeting and members were then to go around the room and introduce themselves.

Update on SDACH Development:

Kitty Bailey reviewed the meeting agenda and confirmed the day's objectives. She provided background on the work that has been done up to this point on the development of the San Diego Accountable Community for Health. She reviewed the SDACH organizational chart, the workgroup charter and the draft mission and vision document to be presented to the Stewardship Group early in December.

The group discussed the composition of the workgroup and whether there is a need for greater community representation. After a lengthy discussion, the group agreed that there is a need to balance the inclusion of fresh perspectives with the ability to effectively function as a group. It was decided that the group would maintain the current composition but continue to ask these questions and remain open to expanding the group when necessary.

The group then reviewed the CAHCI milestones and discussed the importance of supporting the development of a statewide strategy around funding of wellness funds. Alternative funding models were explored as well as those groups that could be strategically important to investment. These groups included commercial health plans, employers, and ACOs.

Key Takeaways from Pre-reading packets:

Steve Hornberger, Vernita Todd, Michelle Silverthorn and Shreya Shah reviewed key take-aways from the pre-reading articles with the workgroup. They included:

1. *"Supporting Healthy Communities"*
 - The Healthy Communities Funding Hub is a conceptual approach to bringing together funding from various sources and coordinating spending to best address community health needs and goals
 - Its key functions are to provide fiduciary support and management, identify/leverage funding sources, govern prioritization of spending, and serve as trusted intermediary between sectors
 - Going forward, leadership to demonstrate political will, systemic approaches to measurement, investment in infrastructure and a method to solve the wrong pocket problem will be needed
2. *"Accountable Communities for Health: Legal & Practical Recommendations"*
 - Outlined the legal and practical considerations for creating an ACH

- Addressed questions regarding the basic structure and core components of an ACH, guiding principles, and the types of risk that will need to be considered
 - Concluded that there is no one single “silver bullet” and communities need to ask these types of questions and determine what is best for the community
3. *“Time to Change Our Focus”*
- Discussed the need for a shift from treatment of cardiovascular disease to prevention and public health interventions
 - Defined the seven ideal factors for cardiovascular health to include smoking status, body mass index (BMI), physical activity level, healthy diet, total cholesterol, blood pressure, and fasting plasma glucose
 - Promoted the idea of thinking differently about sustainability and including non-traditional players
 - Laid out implications of different types of interventions
4. *“Combined Regional Investments Could Substantially Enhance Health System Performance And Be Financially Affordable”*
- Presented the ReThink Health Dynamics Model and how it is meant to be used
 - The model simulates changes in population health, health care delivery, health equity, workforce productivity, and health care costs by quarter year increments from 2000 to 2040
 - Compared the likely consequences if alternative interventions were enacted in layered combinations in a prototypical midsize US
 - It is intended to be used to build consensus on what communities should invest in

Purpose of the Wellness Fund:

- To obtain funding to reinvest in interventions, new innovations, and special projects to improve community health and wellness
- Acquire, manage and distribute funds to achieve community-wide wellness
- Create sustainability to ensure that the ACH/backbone can continue to act as a convener, data manager, and oversee a portfolio of interventions
- To support the vision and long-term sustainability of the ACH
- To drive community-wide value-based wellness outcomes

Guiding Principles:

- Focus on funding innovation and transformative care coordination strategies
- Not just another grant maker
- Investment should support evidence based or emerging practices; it should not stifle or prevent building capacity or emerging practices
- Should link to how we are doing achieving our aims and measuring outcomes
- We will maintain self-determination of how funds are invested – consider scenarios where we would not be willing to take money
- Funding decisions will be based on clear and transparent criteria
- Portfolio of funding will cross domains, sectors and be both short-term and long-term
- Funding should “move the needle” - catalytic investments – more than health outcomes