

Discussion Guide: CHCs and the Virginia Health Innovation Plan

In today's first presentation, Beth Bortz, CEO of the Virginia Center for Health Innovation, presented the *Virginia Health Innovation Plan*. Next, Dr. Lilian Peake, Deputy Commissioner of Population Health with the Virginia Department of Health, presented the *Virginia Plan for Well Being*, which is also incorporated into the *Virginia Health Innovation Plan*. In this segment, we invite participants to discuss three important questions:

1. *How might your organization help to advance the goals and initiatives of the Virginia Health Innovation Plan within your service community?*
2. *Depending on your answer to #1, what changes might be required in clinical practice, community partnerships, or resourcing at your organization?*
3. *Should Virginia CHCs as a group take proactive steps to define and communicate their value in advancing the goals and initiatives of the Virginia Health Innovation Plan?*

In support of this discussion, this guide provides:

- A brief overview of the Virginia CHC Value Model
- Worksheets for Questions 1-3 above.

The Virginia CHC Value Model

In an effort to help Virginia CHCs meet the [value challenge](#), the Virginia Community Healthcare Association asked a pilot group of seven Virginia CHCs to work with Association staff and Community Health Solutions in **Project Value** to produce a 'CHC value model' for Virginia CHCs. This value model is based on seven core 'value messages' that describe how Virginia CHCs deliver value to their communities and to Virginia. To summarize, Virginia CHCs deliver value by:

1. [Addressing Local Health Needs](#);
2. [Providing Access to Vital Services](#);
3. [Keeping Patients and Families First](#);
4. [Delivering High Quality Health Care](#);
5. [Controlling Health Care Costs](#);
6. [Supporting Community and Economic Development](#); and
7. [Innovating for Excellence](#).

These core messages are the product of extensive research on the value of community health centers nationally, as well as the insights and idea of the pilot participants. They are offered as a starting point for defining and communicating the value delivered by your organization. The seven messages and a stepwise process for defining and communicating the value delivered by your organization are presented in the [Virginia CHC Value Model Quick Guide](#).

Worksheet 1	
Which of the following goals or initiatives of the Virginia Health Improvement Plan could your organization help to advance within your service community?	✓
Virginia's Plan for Well Being	
Aim 1: Healthy Connected Communities	
• Goal 1.1 Virginia's families maintain economic stability	
• Goal 1.2 Virginia's communities collaborate to improve the population's health	
Aim 2: Strong Start for Children	
• Goal 2.1 Virginians plan their pregnancies	
• Goal 2.2 Virginia's children are prepared to succeed in kindergarten	
• Goal 2.3 The racial disparity in Virginia's infant mortality rate is eliminated	
Aim 3: Preventive Actions	
• Goal 3.1 Virginians follow a healthy diet and live actively	
• Goal 3.2 Virginia prevents nicotine dependency	
• Goal 3.3 Virginians are protected against vaccine-preventable diseases	
• Goal 3.4 Cancers are prevented or diagnosed at the earliest stage possible	
• Goal 3.5 Virginians have lifelong wellness	
Aim 4: System of Health Care	
• Goal 4.1 Virginia has a strong primary care system linked to behavioral health care, oral health care, and community support systems	
• Goal 4.2 Virginia's Health IT system connects people, services, and information to support optimal health outcomes	
• Goal 4.3 Health care associated infections are prevented and controlled	
Virginia Health System Performance Measures	
• Provide access to primary / preventive / ambulatory care services	
• Reduce all-cause PQI admission rate	
• Reduce all-cause 30-day readmission rate	
• Reduce all-cause ED visit rate	
• Optimize per capita healthcare expenditures	
Improving Models of Care	
• Care transitions models for avoiding unnecessary hospital readmissions	
• Telehealth services for high risk pregnant women living in rural areas	
• Integrated primary care and behavioral health services for <i>children</i>	
• Integrated primary care and behavioral health services for <i>adults</i>	
• Integrated primary care and oral health services for <i>children</i>	
• Integrated primary care and oral health services for <i>adults</i>	
• Integrated health and community services for Medicaid enrollees in need of long term services and supports (DSRIP waiver)	
Strengthening the Care Coordination Workforce	
• Expansion of psychiatric nurse practitioner programs	
• Establishment of a community health worker program	
• Establishment of a health behavior coach certificate	
• Establishment of a care coordination certificate	

Worksheet 2

Based on your assessment in Worksheet 1, what types of changes might be required in clinical practice, community partnerships, or resourcing at your CHC?

Should Virginia CHCs as a group take proactive steps to define and communicate their value in advancing the goals and initiatives of the Virginia Health Innovation Plan?