Addressing the funding and financing of Accountable Care does not start with money.

- Begin with the population
- Consider the current providers
  - Public Systems
  - Federally Qualified Health Centers
  - Private Practitioners including hospitals
- Identify gaps in capacity
- Reorganize into a delivery system
- Design financing to enhance and incentivize high value care.

Counties and Subspecialty Care

FQHCs are models but care for only 14% of the safety net population

Community hospitals are fragile and not nimble.

Community based care lives on the margin

No one represents private physicians

Can Accountable Care come about in a Medi-Cal supported environment?

- "More important now than ever."
- Reductions and reorganization will happen
  - Rates
  - CCS
  - SPD
  - FQHC financing
  - Payment to Health plans
  - Consolidation of programs

Before incentives

- Transparency and information
- Investment in infrastructure and start up
- Representation of physicians
- Decreasing in creaming off the top
  - Health plans 6-8%
  - IPAs 10-12%
- Community benefit reallocated to needy populations
- Consolidation and integration (eg. MH/BH/PC)