Common Health Coalition

Together for Public Health

Breakthroughs to Follow-Through

About the Coalition

The **Common Health Coalition** – a first-of-its-kind collaboration spanning clinician groups, health departments, hospitals, payers, and community organizations – is the nation's largest multi-sector health coalition. By uniting leaders who rarely share the same table, we turn alignment into action at a scale no single sector can reach, transforming relationships into results for people and communities.

Our shared purpose **improve the US health system** so we are better prepared for the urgent health crises of both today and tomorrow. We do this by **strengthening partnership** between the U.S health care and public health systems.

The Problem

Medical breakthroughs routinely fail to reach the people who could benefit from them.

Life-saving vaccines, preventive services, and treatments go unused while patients remain undiagnosed and untreated.

What's Scientifically Possible

- Cures and effective treatments already exist
- Proven prevention and screening tools
- AI-enabled tools now mature enough to scale

What Actually Gets Delivered

- Patients go unidentified or untreated
- Health care and public health operate in silos
- Workforce shortages limit outreach and follow-up

VIEWPOINT

AI IN MEDICINE

From Breakthrough to Follow-Through—A Public Health Agenda for AI

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Too many effective public health–oriented interventions reach less than half of the patients who are likely to benefit from them. Pre-exposure prophylaxis for HIV prevention, antiviral treatment of hepatitis C, colonoscopy after positive stool colorectal cancer screening result, and blood pressure control all fall into this category. Each is a breakthrough with a failure to follow through.[1]

Cervical cancer is a quintessential example. Because of the near-perfect efficacy of human papillomavirus (HPV) vaccines and greater than 90% early-stage survival rate, eliminating cervical cancer is feasible. Australia is on track to eliminate cervical cancer by 2035. Yet cervical cancer incidence is rising among US women aged 30 to 44 years,[2] and more than a third of US adolescents are not up to date with HPV vaccines.[3]

for Medicare & Medicaid Services has accelerated interoperability and patient-facing AI applications, and the US Department of Health and Human Services has released an inward-facing guide for AI tools. Although these steps matter, their effects may be muted against the backdrop of weakened public health infrastructure and declining health insurance coverage. Moreover, one of the most promising federal efforts focused on these gaps, the Advanced Research Projects Agency for Health's Health Care Rewards to Achieve Improved Outcomes model, was recently shuttered.[5]

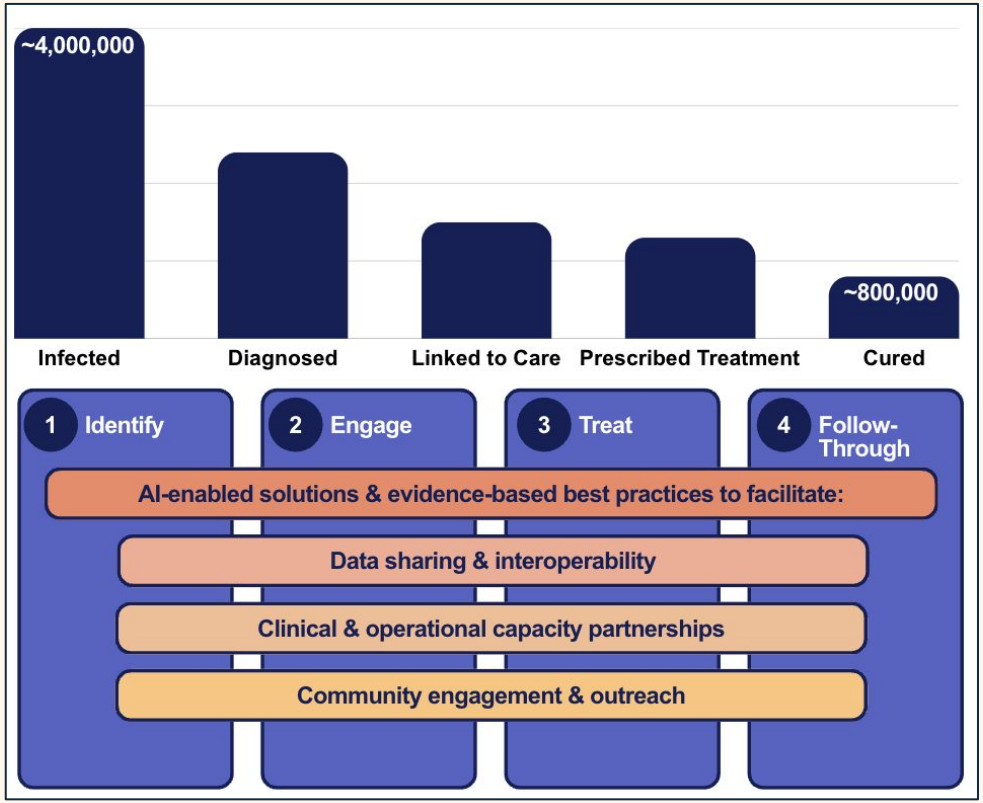
Therefore, state government leadership is also vital. State authorities (eg, operating Medicaid, regulating hospitals and health plans, managing health departments) are well suited to drive public health campaigns. Alabama, for instance, recently launched a cer-

Beckman AL, Chokshi DA. *JAMA*. August 13, 2026.

The Solution: Closing the gap between discovery and delivery

The Breakthroughs to Follow-Through (B2F) initiative is helping states and local jurisdictions accelerate existing progress on closing the discovery-to-delivery gap, beginning with hepatitis C, and expanding to tackle other illnesses – like HIV and ‘curable’ cancers – for which there is an effective care intervention that is not reaching the people who need it at scale.

The Strategy: Opportunities along the care cascade



National HCV prevalence is based on an analysis by the Coalition for Applied Modeling for Prevention which estimated approximately 4 million people living with HCV in the United States using the latest data available (2017–2020 NHANES data). Estimates of the proportion diagnosed and subsequent stages of the HCV care cascade are informed by this prevalence estimate and additional published literature on the proportion of people with HCV who have documented proof of cure (MMWR 2023).

The goal: at least doubling cure rates in participating jurisdictions within the next two years

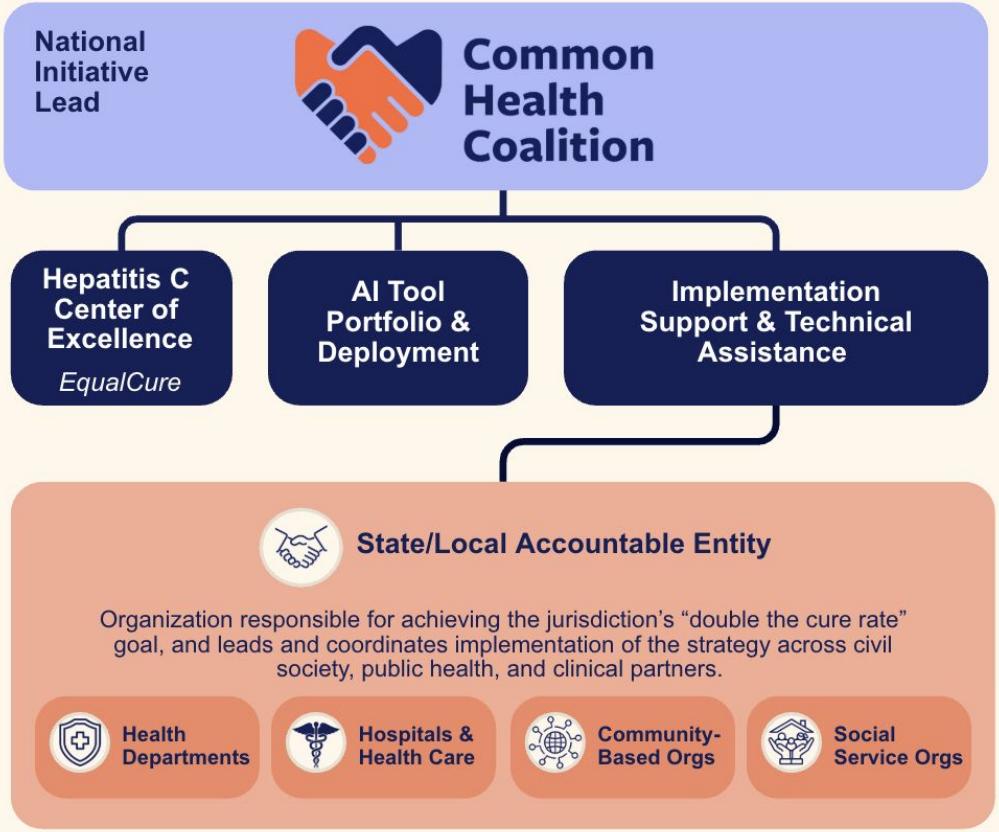
Identify
Locate the people who need care

Engage
Connect them to care

Treat
Deliver lifesaving treatment

Follow-through
Ensure patients follow-though on treatment

Initiative Structure



Key State/local partner requirements:

- ❏ Must commit to at least doubling the cure rate in 2 years
- ❏ Must partner with nonprofit, community-based orgs and care delivery partners
- ❏ Must deploy at least 1 generative AI tool

First four states:

Alabama
Louisiana
Illinois
Massachusetts

At least 4 more states/localities to be announced by the end of the year.

With generous support from OpenAI Foundation.

Key takeaways about the partnership

Who is funding B2F?

This partnership is with OpenAI **Foundation**, specifically the AI for Civil Society and Philanthropy Division.

The Foundation is a separate nonprofit from the company, and there's a clear line between them.

The Foundation's funds can't be used to sell or market OpenAI's products, and B2F grants are model- and tool-agnostic.

How will patient data be protected?

Plans, strategies, and data stay state and locally led, the same way they operate today under each state's existing privacy laws.

The Coalition will not have access to protected data. Neither will OpenAI or the OpenAI Foundation.

Can funds be used for non-AI strategies?

Grantees must deploy at least one generative AI tool.

While the majority of the funding can go towards other infrastructure needs, including workforce, community- based engagement efforts, data sharing, testing infrastructure, and other innovations, deploying frontier AI is an important component of this work.

Which AI tools do grantees have to use?

The National Program Office will compile a portfolio of AI-related solutions that states can explore using, but this is not tied to any single AI platform, model, or company.

Participating jurisdictions have full agency to decide which tools to use based on what fits their needs and the communities they serve.

We want to hear from you

As experts and long-time organizers and operators in this space, what would be on your list of must-take for B2F states? For:

- Clinical innovation
- Data/interoperability
- Community engagement and communications
- Policy
- Tech innovation

Ways to get involved

Partners are engaging with B2F in a range of ways, from national strategy to state-specific work. A few key areas of interest:

- Indicate interest in participation as a state/locality jurisdiction
- Support for the full B2F model for additional conditions (HIV, cancer, others)
- Support for convening and shared learning across states, data infrastructure and interoperability services, and operating support
- In-kind products, tools, or services
- Amplification of your existing work across the B2F network

Thank you!

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