



Healthcare Transformation Collaboratives

Informational Webinar



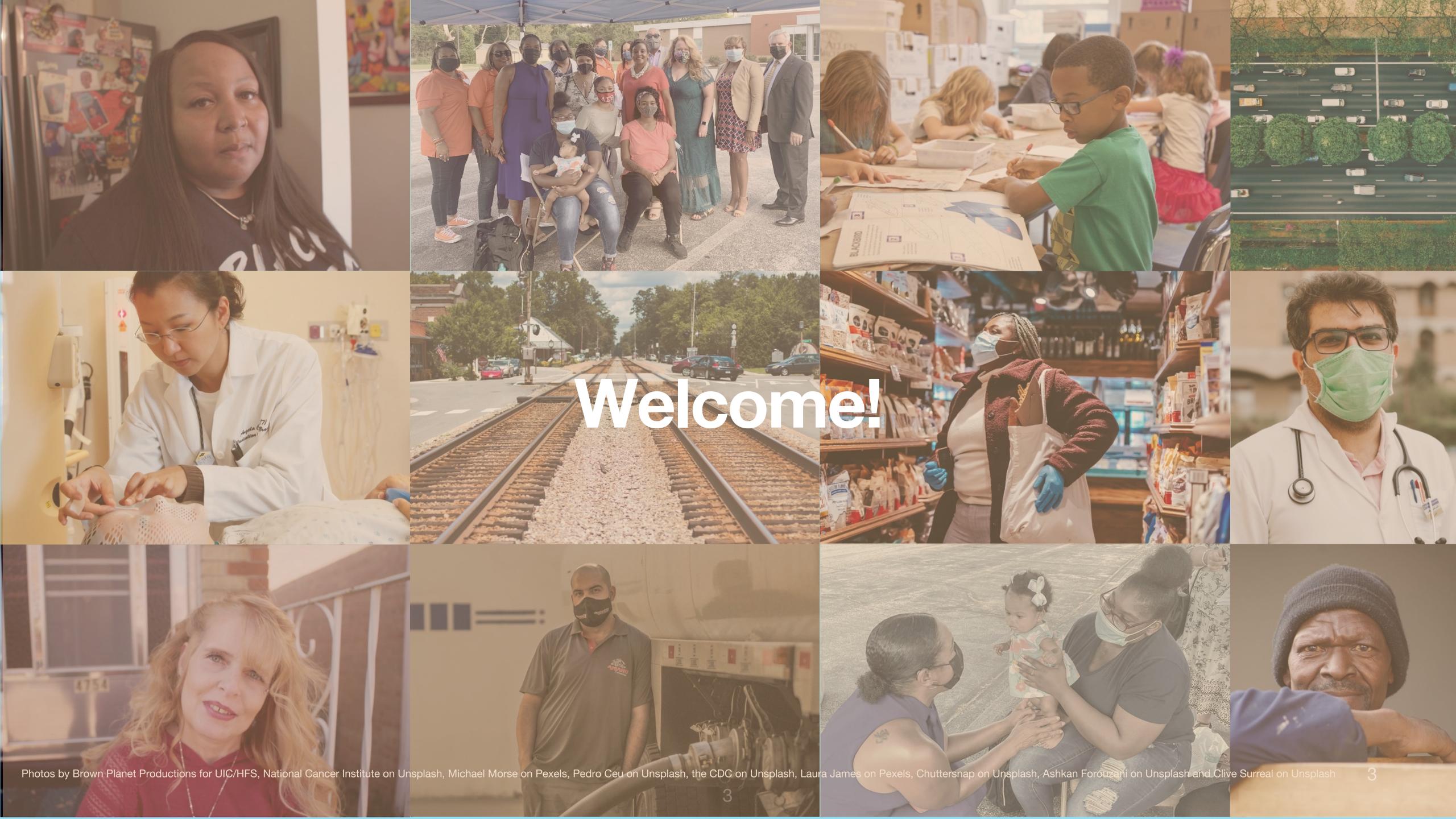
Housekeeping

Q&A Session

- We will answer questions at the end of the presentation
- Use the Q&A function to post your questions
- We'll answer as many questions as we have time for
- For those we don't have time to answer, we will post answers on our website

Stay connected

Sign up for news and announcements on our website, HTC.Illinois.Gov.



HFS' Vision for the Future



IMPROVE LIVES

- We address social and structural determinants of health.
- We empower customers to maximize their health and well-being.
- ➤ We provide consistent, responsive service to our colleagues and customers.
- Equity is the foundation of everything we do.

ACHIEVE THIS BY

- Valuing our staff as our greatest asset.
- Always improving.
- Inspiring public confidence.



Healthcare Transformation (noun)

'health-care trans-for-ma-tion'

a person-centered, integrated, equitable, and thorough or dramatic change in the delivery of healthcare at a community level



Why Healthcare Transformation Collaboratives?



Representative Camille Y. Lilly

78th District (Northern Illinois)



Click on picture to view video

Senator Omar Aquino

2nd District (Northern Illinois)



Click on picture to view video



The status quo is not bringing the results people want or deserve

THE CURRENT LACK OF...

- Access to care (due to logistic, economic, cultural, and healthcare literacy barriers)
- Stability in the critical healthcare delivery system
- Coordinated, cross-agency focus on Social Determinants of Health

LEADS TO...

- Inconvenient, inconsistent, expense-ridden care that's often not culturally competent
- Care that does not focus on Chronic Disease management
- Care that doesn't fit people's lives

RESULTING IN...

Poor health outcomes.

We see high rates of hospitalizations for outpatient-treatable conditions among Medicaid enrollees in socially-vulnerable areas



Top Most Frequent and Resource-Intensive* Hospitalization Diagnoses among Medicaid Patients

SO. CHICAGO	SOUTH COOK	WEST CHICAGO	WEST COOK	EAST ST. LOUIS
Mood affective disorders (bipolar, depression)				
Schizophrenia, schizotypal disorders	Schizophrenia, schizotypal disorders	Schizophrenia, schizotypal disorders	Schizophrenia, schizotypal disorders	Psychoactive substance use disorders (alcohol, opioids)
Psychoactive substance use disorders (alcohol, opioids)	Psychoactive substance use disorders (alcohol, opioids)	Psychoactive substance use disorders (alcohol, opioids)	Other bacterial diseases (sepsis)	Schizophrenia, schizotypal disorders
Hypertensive diseases	Hypertensive diseases	Chronic lower respiratory diseases (asthma, COPD)	Psychoactive substance use disorders (alcohol, opioids)	Hypertensive diseases
Chronic lower respiratory diseases (asthma, COPD)	Chronic lower respiratory diseases (asthma, COPD)	Hypertensive diseases	Chronic lower respiratory diseases (asthma, COPD)	Diabetes mellitus
Diabetes mellitus	Diabetes mellitus	Diabetes mellitus	Hypertensive diseases	Hemolytic anemias
Cerebrovascular diseases	Cerebrovascular diseases	Cerebrovascular diseases	Diabetes mellitus	Child/adolescent behavioral & emotional disorders
Complications of surgical/ medical care	Complications of surgical/ medical care	Complications of surgical/ medical care	Cerebrovascular diseases	Noninfective enteritis and colitis
Hemolytic anemias	Hemolytic anemias	Hemolytic anemias	Complications of surgical/ medical care	Chronic lower respiratory diseases (asthma, COPD)
Other forms of heart dis.	Diseases of liver	Diseases of liver	Diseases of liver	Other bacterial diseases

Treatable Conditions / Preventable Hospitalizations:

- Mental Illnesses (especially, bipolar and depression and schizophrenia)
- Substance Use Disorders (especially, alcohol and opioid)
- Ambulatory Care
 Sensitive Conditions
 (esp., hypertension, asthma,
 COPD and diabetes)

FY2018 Medicaid Utilization Claims

^{*} Resource-intensiveness is defined here as the rate of readmission for the disease block.

Residents in these communities face multiple social-determinant-of-health barriers to staying healthy and getting outpatient care



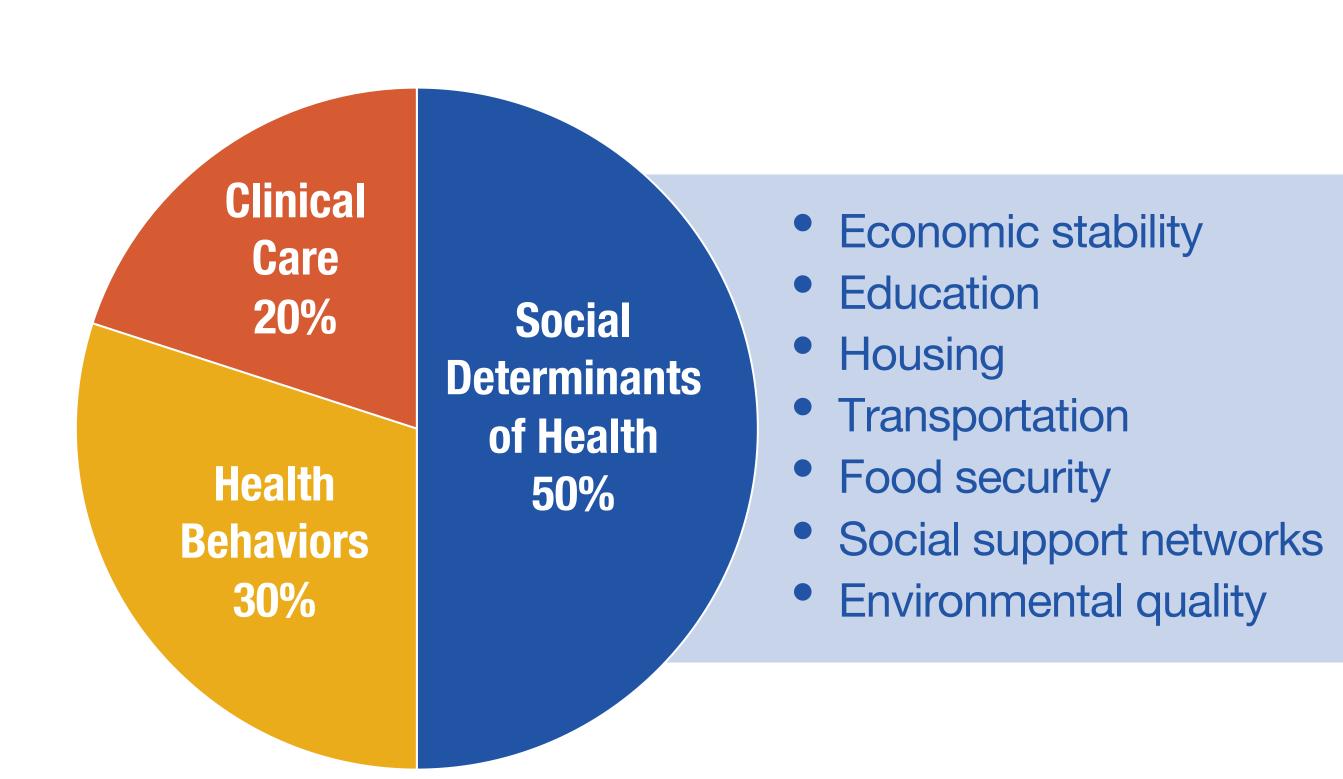
	Staying healthy	Recognizing a health need and deciding to get care	Arranging and getting to care	Getting care (point of service)	Managing the condition in daily life
Knowledge & Information	-Lack of factual and trustworthy health information	-Lack of knowledge of signs and symptoms of prevalent health conditions -Lack of knowledge of what is covered or not covered in insurance plan - Fear about getting healthcare as a result of the lack of knowledge of information (i.e., fear due to costs involved, bad diagnoses, etc.)	-Lack of awareness of healthcare services within community -Lack of awareness of where to seek care that fits one's needs	-Difficulty understanding technical medical terms and physician instructions	Difficulty applying physician instructions to personal circumstances Lack of knowledge of local resources to help manage condition
Economic	-Lack of time for self-care (i.e., exercise, preparing healthy food, preventative care, etc.) -Inability to afford healthy food -Unemployment, economic instability -Housing instability	-Inability to afford health insurance -Inability to afford out-of-pocket care costs (e.g., co-pays) -Inability to afford time off work to seek care	-Lack of insurance or under-insured -Lack of car or inability to afford transportation	-Inability to afford out-of-pocket care costs (for example, co-pays)	-Inability to afford treatment (e.g., medication, equipment, supplies, etc.)
Healthcare Service	-Lack of preventive screening or programming in the community	- Previous negative healthcare experience -Fear of going to healthcare facilities due to COVID-19	-Poor quality of local healthcare facilities (self-re-ported) - Long wait times for appointments - Scarcity of local healthcare facilities (lack of, or limited options due what health insurance is accepted) - COVID-19 closures or reduced appointments	-Long wait times at the point of care - Service quality disparities - "Transactional" experiences with providers (e.g., short facetime, bias towards medication, etc.) - Lack of trained, culturally competent providers - Discrimination due to race, socio-economic status and public insurance - Care that doesn't fit cultural context (e.g., language and behavioral norms)	-Lack of consistent healthcare support to help manage condition over time
Socio- Cultural	-Culturally ingrained food and cooking habits	- Healthcare system mistrust - Hesitancy to seek care until emergency (due to historic mistrust, cultural issues, immigration status, fear, stigma, or previous bad experience) - Concealing health issues from family &friends			- Social isolation (lacking a support system) - Strain on social support system (i.e., emotional physical, economic)
Environmental	-Lack of resources (i.e., food, recreation, transportation, walking infrastructure, etc.) - Poor air quality due to local polluters - Presence of unhealthy foods - Prevalence of drugs and alcohol in communities - Exposure to ongoing crime, street violence, domestic abuse, neglect and discrimination		- Insufficient transportation options		-Lack of resources (i.e., food, recreation, transportation, walking infrastructure, etc.) - Poor air quality due to local polluters - Presence of unhealthy foods - Prevalence of drugs and alcohol in communities - Exposure to ongoing crime, street violence, domestic abuse, neglect and discrimination

Social determinants account for 50% of health outcomes



Clinical care accounts for no more than 20% of a person's health and individual health behaviors, no more than 30%1.

A full 50% of health can be attributed to social determinants of health, the broad term that includes social, economic, and environmental factors.



¹ Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. American Journal of Preventive Medicine 50(2):129-135. https://doi.org/10.1016/j.amepre.2015.08.024



Representative LaToya Greenwood

114th District (Southern Illinois)



Click on picture to view video

Senator David Koehler

46th District (Central Illinois)



Click on picture to view video



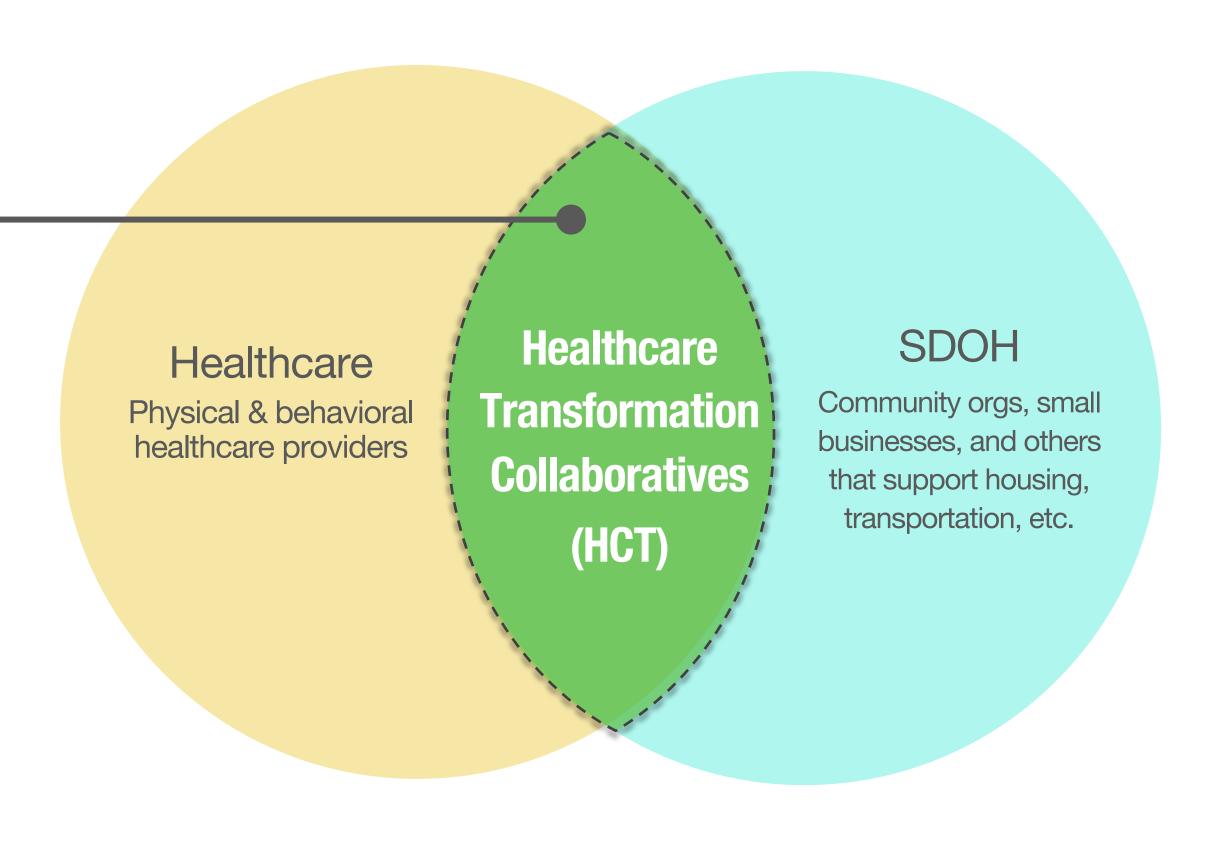
People's health needs cannot be addressed by healthcare systems alone.

To change the status quo, HFS is seeking Healthcare Transformation Collaboratives to provide for peoples physical, mental and social needs



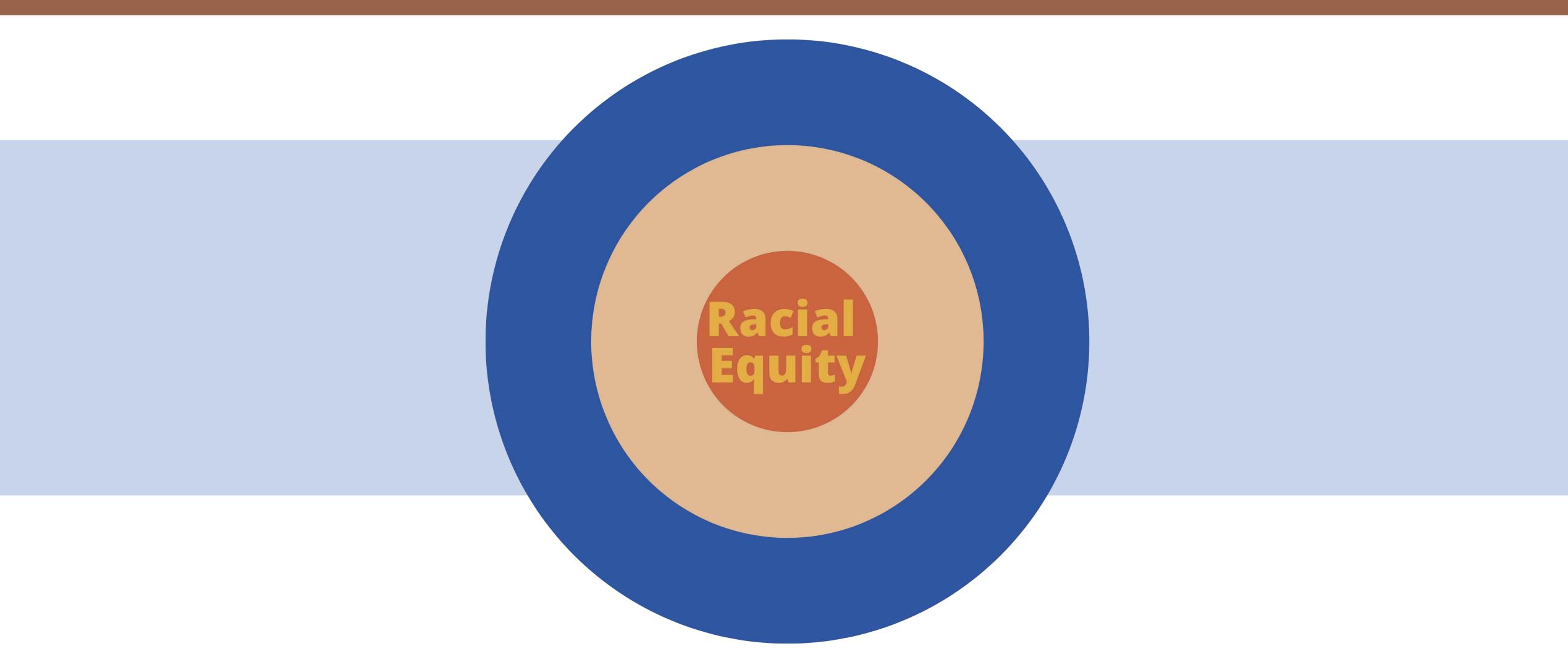
HFS is seeking to fund Healthcare Transformation Collaboratives:

Cross-provider partnerships working together in a coordinated fashion in Illinois communities to care for people's physical, mental and social needs in order to transform health outcomes and reduce racial inequities.



Racial Equity Is a Key Focus of HTC

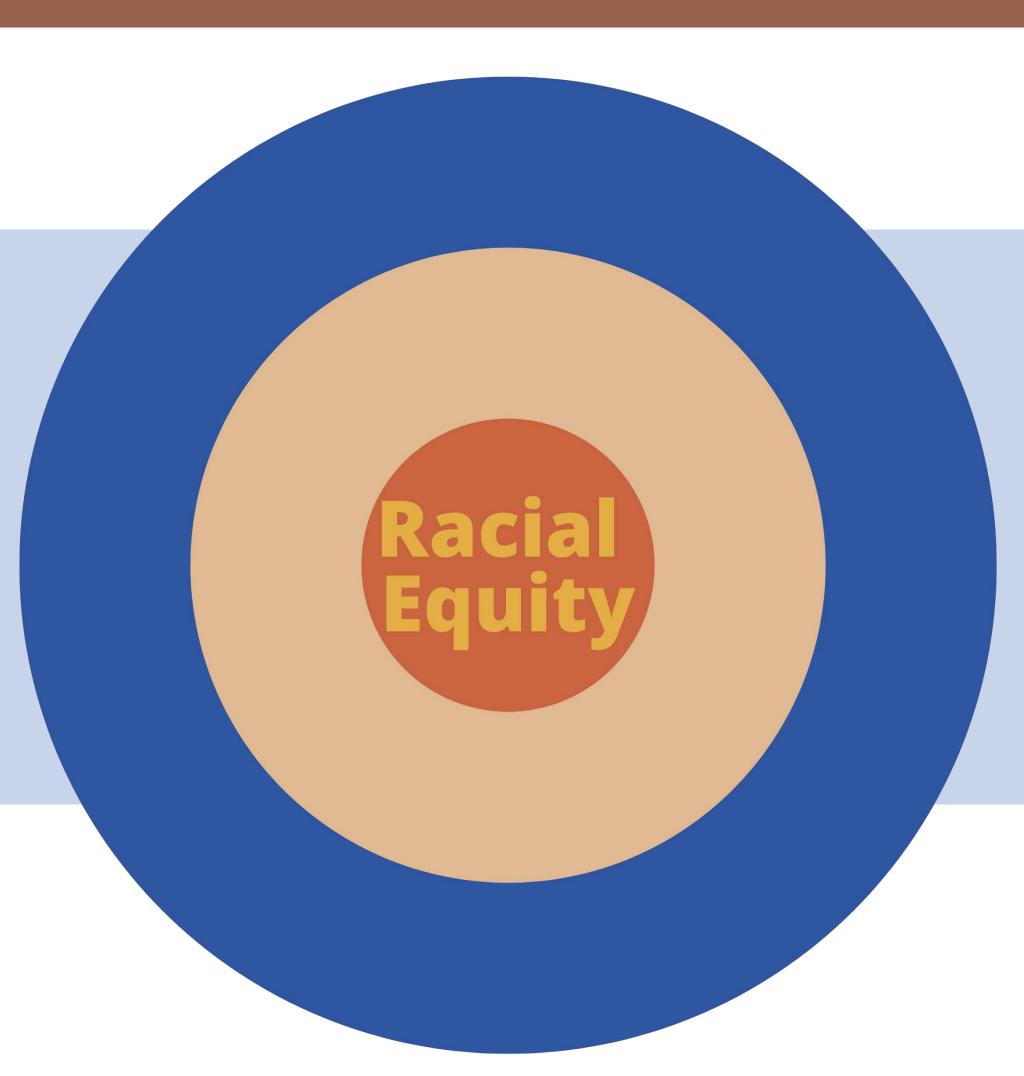




How do Healthcare Transformation Collaboratives Prioritize Racial Equity?



- By catalyzing structural solutions to systemic problems
- By realigning resources to support and drive equity-centric transformational projects





17

Racial Equity Impact Assessment

Purpose:

 Enable systematic examination of differential racial and ethnic impacts

Goals:

- Minimize unanticipated adverse consequences
- Prevent (re)production of institutional racism and
- identify new ways to remedy long-standing inequities-

Modified from Race Forward:

Keleher, T. Racial Equity Impact Assessment. Applied Research Center. 2009. https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit

Defining Key Terms



Health Equity

Everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, socioeconomic status, geography, or any other social barrier/factor.

Racial Equity (in health)

Advancing health equity means **dismantling the systemic racism** that underlies differences in the opportunity to be healthy, including addressing social and economic barriers to positive health outcomes. Since we have never had a truly equitable health care system, progress toward the goal of health equity is often benchmarked by measuring reductions in health disparities.

Everette, T. D., Sathasivam, D., & Siegel, K. Health Equity Language Guide for State Officials. August, 2021. https://www.shvs.org/resource/health-equity-language-guide-for-state-officials

Defining Key Terms



Health Disparities:

Avoidable differences in health outcomes experienced by people with one characteristic (race, gender, sexual orientation) as compared to the socially dominant group (e.g., white, male, cisgender, heterosexual, etc.). Measuring disparities can help benchmark progress towards equity.

Health Inequities:

Differences that are unfair and unjust without comparison to another group. An equity frame connects the dots between disparate outcomes and the disparities in power and privilege in which they are rooted. Focusing on disparities can lead to the assumption that one group's behavior, intelligence, or genetics are the cause of any differences. Focusing on inequities draws attention to the root causes of these differences.

Everette, T. D., Sathasivam, D., & Siegel, K. Health Equity Language Guide for State Officials. August, 2021. https://www.shvs.org/resource/health-equity-language-guide-for-state-officials

Defining Key Terms



Disproportionate Impact

Overrepresentation or underrepresentation of a specific group as compared to the group's share (percentage) of the total population. This is another way of talking about injustice or inequity without comparing one group to another and should be used when a group is experiencing conditions, events, outcomes, or situations at higher or lower rates than expected when accounting for population size.

Areas of Racial Equity Assessment Impact in HTC Application

















Go to HTC.Illinois.Gov > Application Information for more application resources, including information and resources on the racial equity impact assessment.

Strong Responses:



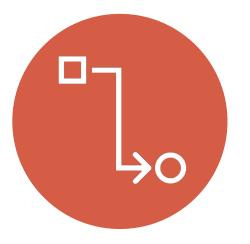
Comprehensive



Data-informed

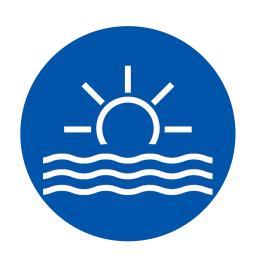


Evidence-based

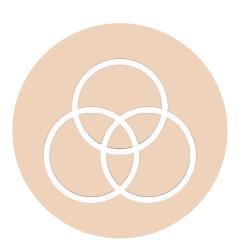


Connect the dots

Strong Responses:



Consider multiple horizons



Detail stakeholder engagement



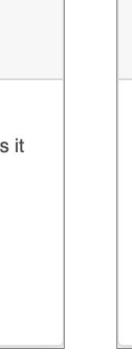
Address accountability and transparency mechanisms

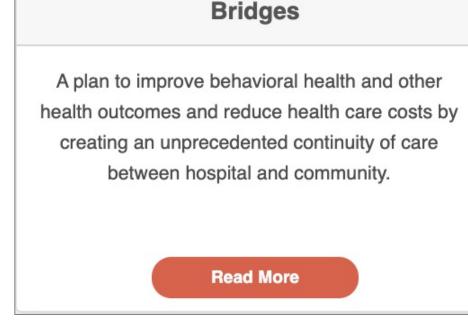


Capacity to evaluate equity

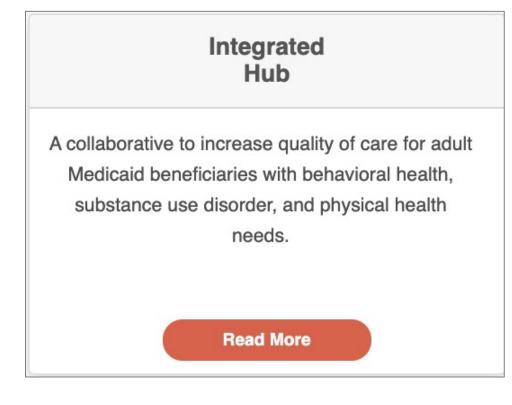
Successful Applications from the Spring Round

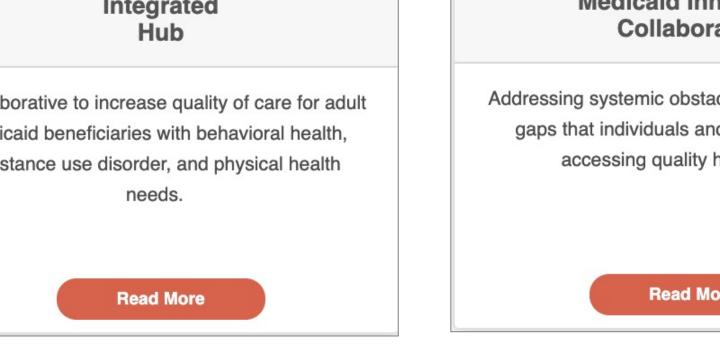
Chicago North Side Collaborative A proposal to mitigate barriers to care and increase health equity among the communities it **Read More**

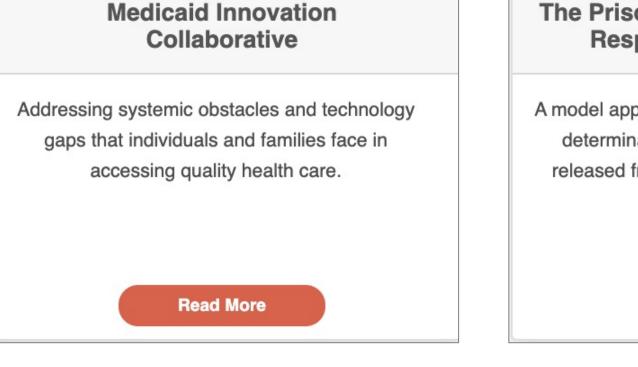


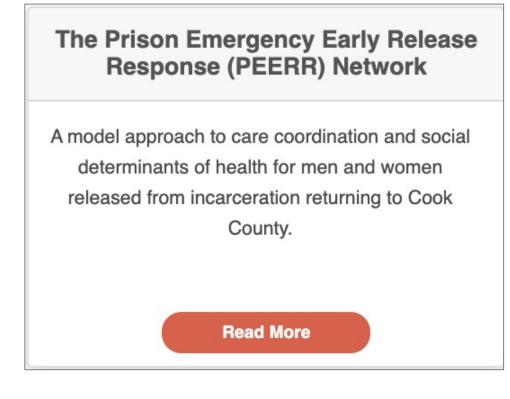




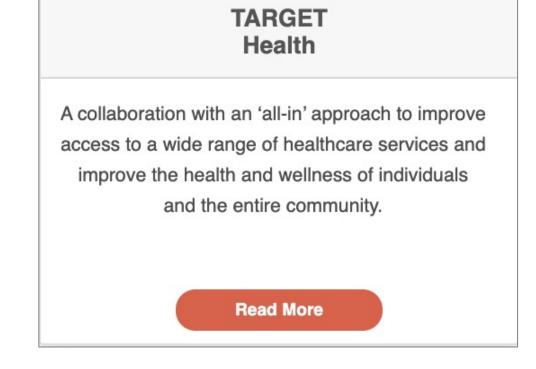














Click on the cards above or go to HTC.Illinois.Gov to review these successful applications.

Spring Awardees' Application Experience



Donna Thompson, CEO, Access Community Health Network West Side Health Equity Collaboration (WSHEC)

Collaborators: Access Community Health Network, Bobby E. Wright Comprehensive Behavioral Health Center, Cook County Health, Habilitative Systems, Humboldt Park Health, Loretto Hospital, Lurie Children's Hospital, Rush University Medical Center, Sinai Chicago and West Side United



Click on picture to view video

Larry McCulley, CEO, Touchette Regional Hospital **East St. Louis Transformation Collaborative**

Collaborators: Touchette Regional Hospital, SIHF Healthcare, SIU School of Medicine, SLUCare Physician Group, Hoyleton Youth & Family Services, Centene, Memorial Medical Group, ConferMED Weitzman Institute, Washington Univ., Comprehensive Behavioral Health Center, Healthier Together, St. Clair Co. Sherriff's Office and EMS, Southwestern III. Community College, St. Clair Co. Housing Authority, Zade LLC, and Metropolitan Housing Development Corp.



Click on picture to view video



How to Apply for HTC Funding

Application Steps



- 1 Complete the pre-registration steps
 - Get Illinois.gov public credentials
 - Register the lead entity in sam.gov
 - Register intended Amplifund users in the Illinois GATA Grantee Portal

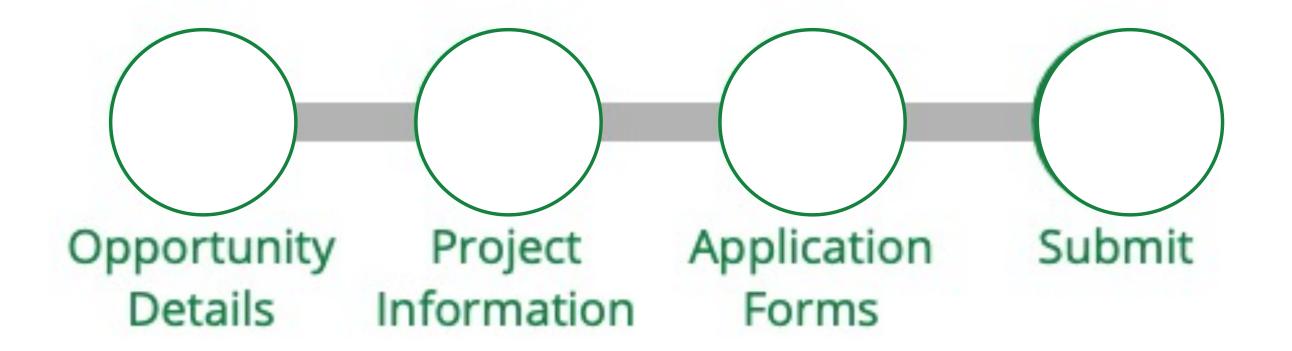
See the Get Ready to Apply guide for more information

- 2 Review the HTC application Instruction Guide and consider this *required* reading
- Complete the application process in the HTC Amplifund online portal

All these resources, including the link to the Amplifund application, can be found at HTC.Illinois.Gov > Application Information.



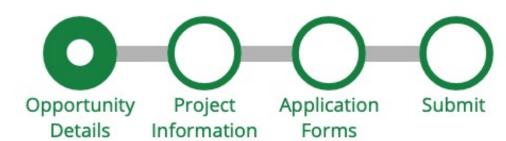
HTC Application Online Portal: 4 Components



Opportunity Details:

- Log in page
- Click on "apply" to advance
- Contains valuable information about content and technical assistance
- Download a complete copy of the application on this page
- See Instruction Guide for more information about this page

Healthcare Transformation Collaboratives



Opportunity Details <

Print

Help

Download

Save

Apply

Opportunity Information

Public Link https://il.amplifund.com/Public/Opportunities/Details/25595216-6cc7-40f0-9aa5-0b550dddc17c

Submission Information

Submission Open Date 9/16/2021 12:00 AM Central Standard Time

Submission Close Date 11/19/2021 7:00 PM Central Standard Time

Question Submission Information

Question Submission Open

Question Submission Close 10/15/2021 11:59 PM

ate 10/13/2021 11.39 PK

10/1/2021 12:00 AM

Question Submission Email Address HFS.Transformation@illinois.gov

71441.633

Question Submission Additional Information

1. QUESTIONS ABOUT HTC AND THE SUBSTANCE OF THE APPLICATION ARE DUE BETWEEN OCTOBER 1 AND OCTOBER 15.

Questions seeking clarity on HTC and the substance of the application (as opposed to technical questions) should be sent to HFS.Transformation@illinois.gov. Questions are due before 11:59 pm on October 15, 2021. Answers will be published on the FAQ Page of the HTC website (https://www2.illinois.gov/hfs/Pages/htcfaqs.aspx).

HFS will answer questions as soon as possible. Interested parties should regularly check for new questions and answers at the FAQ web address listed above.

For more information about HTC, you may also consult the informational webinar video and deck posted at https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx, and our entire website at htc.illinois.gov.

Project Information:

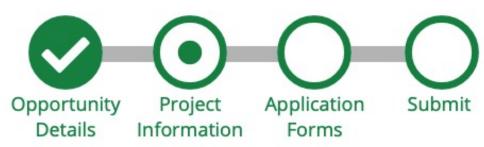
- This is a boilerplate page
- Please fill in this page after completing "Application Forms"
- Please review the Instruction Guide for more information

Healthcare Transformation Collaboratives

A Kauth2

Email Address*

annkauth@public.external.illinois.gov



Project Information	Help	♣ Download	Save	Save & Continue	
Application Information	on				
Application Name*	(37)	~			
Pre-Qualification Status	Qualified				
How much are you requesting fro	m the funder?				
Award Requested*	\$0.00				
How much are you planning to co	How much are you planning to contribute to the budget?				
Cash Match Requirement	\$0.00 1				
Cash Match Contributions*	\$0.00				
In-Kind Match Requirement	\$0.00 1				
In-Kind Match Contributions*	\$0.00				
Other Funding Contributions*	\$0.00				
Total Award Budget	\$0.00				
Primary Contact Info	rmation				

Application Forms:

- This is the heart of the HTC application
- Contains 16 different "forms", or application content areas

Healthcare Transformation Collaboratives



Forms

Help Download Save & Continue

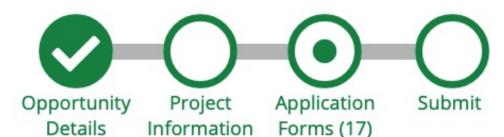
Name	Status	Print
0. Start Here - Eligibility Screen	New	8
1. Participating Entities	New	₽
2. Project Description	New	₽
3. Governance Structure	New	8
4. Racial Equity	New	₽
5. Community Input	New	8
6. Data Support	New	8
7. Health Equity and Outcomes	New	8
8. Access to Care	New	₽
9. Social Determinants of Health	New	8
10. Care Integration and Coordination	New	₽
11. Minority Participation	New	8
12. Jobs	New	₽
13. Quality Metrics	New	8
14. Milestones	New	₽
15. Budget	New	8
16. Sustainability	New	8
K (1) N 25 v items per page 1 - 17 of 17 it		

Save & Continue

Example Form:

- Click into each form to answer questions and provide information
- We recommend drafting content outside of Amplifund and then copying and pasting that content into the forms
- Note: Forms don't autosave so save as you go

Healthcare Transformation Collaboratives



8. Access to Care



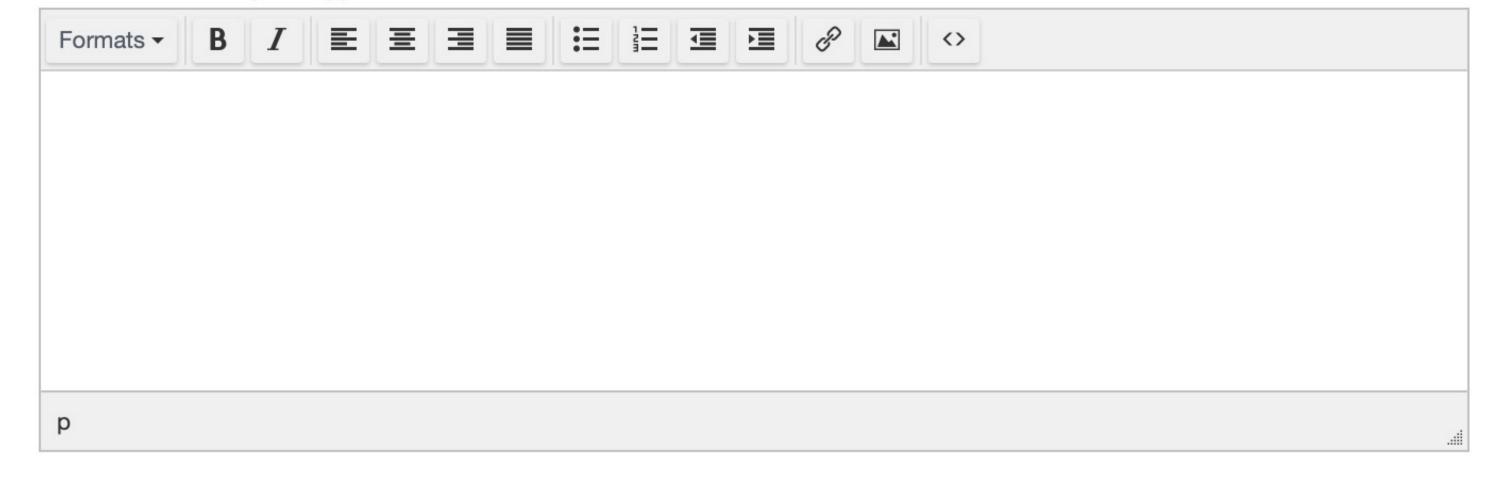


Save & Continue

9 of 17

Note: We strongly recommend that applicants draft responses to long-form narrative questions locally and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g. a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

1. Name the specific obstacles to healthcare access you are targeting in your service area. Describe the causes of these obstacles that your project specifically seeks to address and explain why you have chosen to address these causes. *



2. What activities will your collaborative undertake to address the obstacles to healthcare access mentioned above? What immediate, measurable, impacts will follow from these activities that will evidence progress against the obstacles you are targeting? *



Submit:

- Project information and all applications forms must be completed in order to enable the submit button
- Use the "Review" button to download a copy of the application (may take several minutes to download)

Healthcare Transformation Collaboratives



You are about to submit your application, (37), to Healthcare Transformation Collaboratives.

Take the time to review your application by using the timeline above. You can select any section and jump to that page.

When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder.





Application Form Progression



Core Project Information

- 1. Participating Entities
- 2. Detailed Project Description
- 3. Governance
- 4. Racial Equity Impact Assessment

Project Rationale

- 5. Community Input
- 6. Data Support

Project Impacts

- 7. Health Equity and Outcomes
- 8. Access to Care
- 9. Social Determinants of Health
- 10. Care Integration and Coordination
- 11. Minority Participation
- 12. Jobs
- 13. Quality Metrics



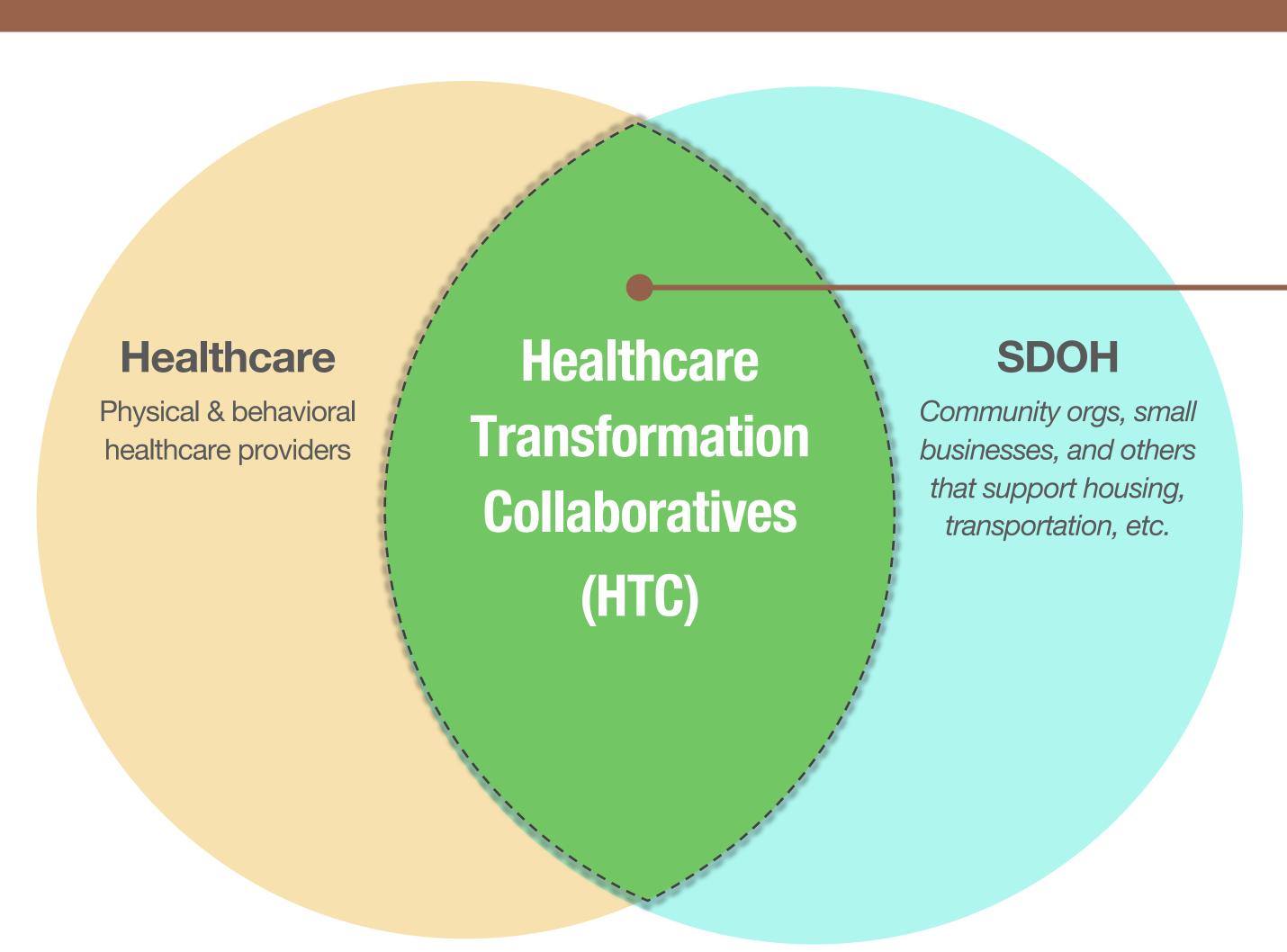
Project Timeline and Budget

- 14. Milestones
- 15. Budget
- 16. Sustainability

Form 1: Participating Entities



35



The goal of this form is to understand the partners in your collaboration.

HFS is seeking applications that represent cross-provider collaboration between entities who come together to care for people's physical, behavioral and social needs in coordinated way at the community-level.

Example Collaboration Partners





All collaborations must include a registered Illinois Medicaid Provider that is eligible to bill for Medicaid services.



Form 2: Project Description

The goal of this form is to collect a clear narrative of the project and the transformation proposed.

At high level, HFS is looking for applications that:

- Clearly diagnose community health and social problems
- Advance activities to address those problems
- Demonstrate how these activities will improve access to care, address social needs, reduce racial inequalities and, ultimately, *improve health outcomes*.



Form 3: Governance Structure

The goal of this form is to outline how collaboration partners will work together to govern and execute the proposed work.

HFS is seeking applications that describe how the collaborating partners will work together in terms of:

- Authority and responsibility of participants for achieving desired outcomes
- Establishment of, and adherence to, policies
- Delineation of each collaborating entity's responsibility in the project (services, staffing, in-kind donations, record keeping, reporting, etc.)
- Financial management and safeguards of project funds

For more information about the expectations around collaboration governance, go to HTC.Illinois.Gov > Application Information.



Form 4: Racial Equity

This form asks a series of questions about how racial equity is incorporated in the overall project.

HFS is seeking applications that incorporate racial equity at two levels:

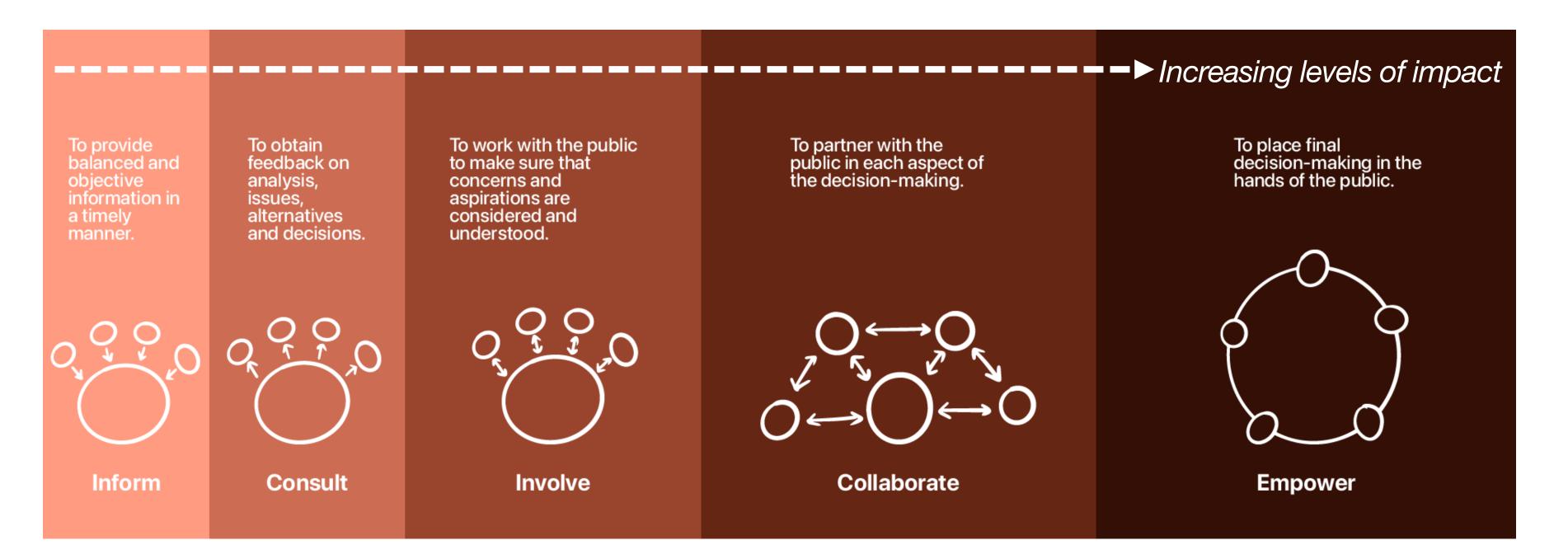
- As a goal of the intervention proposed (reduce racial health inequities)
- And in how the project is run and executed (include minorities and minority-owned businesses in the project execution)

Form 5: Community Input



Community input is a key proposal requirement. HFS is seeking applicants who meaningfully engaged community members in the design of their projects.

To truly transform health, citizens need to be involved in transformation in a meaningful way. The more people and communities are engaged in collaboration efforts, the more impact they will have.



Form 6: Data Support

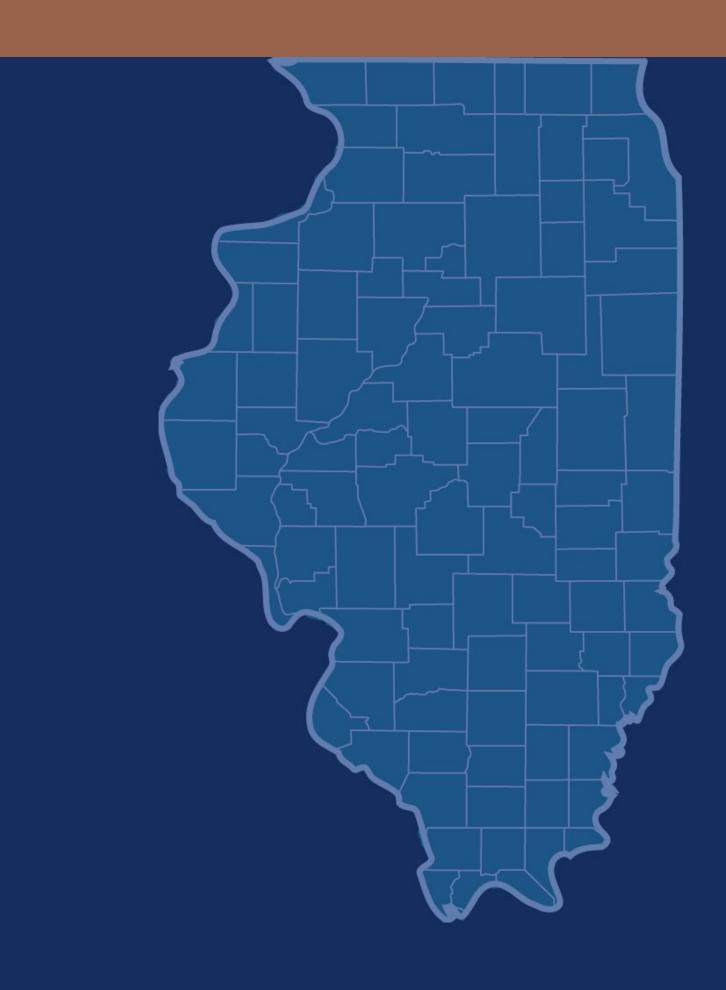


HFS is looking for applications that are data-driven.

Data reports are available for the following Illinois communities:

- Chicago-South Side
- Chicago-West Side
- East St. Louis Metropolitan Area
- South Cook County
- West Cook County

Go to HTC.Illinois.Gov > Data Support and Resources to download reports and note that additional areas are being targeted for data analysis.



Transformation Data & Community Needs Report



Form 7: Health Equity and Outcomes

Proposed projects should reduce health inequities and improve outcomes and, given this, applications should identify:

- The specific health disparities targeted by the proposal
- Causes of these disparities
- The activities in the project that will address the disparities
- The logic by which the proposed activities will have the intended outcomes



Form 8: Access to Care

HFS is seeking projects that improve health outcomes and reduce inequities by addressing these challenges related to access to care.

Applicants should use this form to describe how and why their projects will increase access to preventative, primary or specialty care in communities.



Form 9: Social Determinants of Health

HFS is seeking projects that improve health outcomes and reduce inequities by addressing the social determinants of health.

Applicants should use this form to describe how and why their projects will address specific social determinants of health, why this solution will work to reduce the impact of social determinants of health and how success will be measured.



Form 10: Care Integration and Coordination

HFS is seeking projects that improve health outcomes and reduce inequities by providing physical, behavioral and social care in an integrated and coordinated way.

Applicants should use this form to describe how and why the proposed project will improve the integration, efficiency and coordination of care between different types of providers and different levels of care.



Form 11: Minority Participation

As mentioned in the Racial Equity section, HFS is seeking minority participation in the execution of the project.

Applicants should use this form to provide detail on minority entities that either partners in the collaboration or are subcontractors on the project.

"Minority entities" are those certified by the Illinois Business Enterprise Program (BEP) certified or are not-for-profit entities majorly controlled and managed by minorities.



Form 12: Jobs

Proposed projects should bolster or maintain jobs in the community and, given this, applications should:

- Show a significant analysis of the proposed project's impact on employment
- And impact on employment should include job creation, workforce development and mitigation of any negative impacts on current employment levels

Form 13: Quality Metrics



Projects must align with one or more of HFS' Quality Pillars



... and track metrics to show impact on outcomes and equity.

- Applicants must propose metrics that the program will be accountable for improving
- For a given quality pillar, one or more metrics from the HFS Quality Strategy document that aligns with that pillar must be tracked
- Once metrics are agreed upon in the funding agreement, HFS will establish a baseline metrics for the community, a method for tracking process and improvement targets\



Form 14: Milestones

In months from award, applications should use this form to outline a calendar of milestones showing progress of activities involved in the overall project, such as:

- When IT will be purchased and operative
- When construction will start and be completed
- When key personnel will be hired
- Etc.



Form 15: Budget

Applicants should download the budget template and complete a multi-year budget.

- Every major budget line item should correlate to the programs and services described in your proposal (Form 2, Project Description).
- Note: The template adds up the multi-year budget into one summary budget but be sure to check the summary budget for accuracy.



Form 16: Sustainability

For this form, applications should

- Demonstrate a clear ramp down on the reliance of Transformation funds over time
- Demonstrate a ramp up of revenue from services or other funding sources
- Include any key assumptions about financial sustainability

HFS (HTC)

Final reminders & suggestions...

Once all the application forms are completed, applicants should return to **Project Information (see below)** and use the summarized budget information to complete this component.

Download and review your application before you submit it

Project

Information

Opportunity

Details

Application

Forms

Submit

 Applications are due by 7pm on November 19th, but the Amplifund technical assistance help desk services close at 5pm, so we suggest getting your application early

Assistance with the Application



Content assistance:

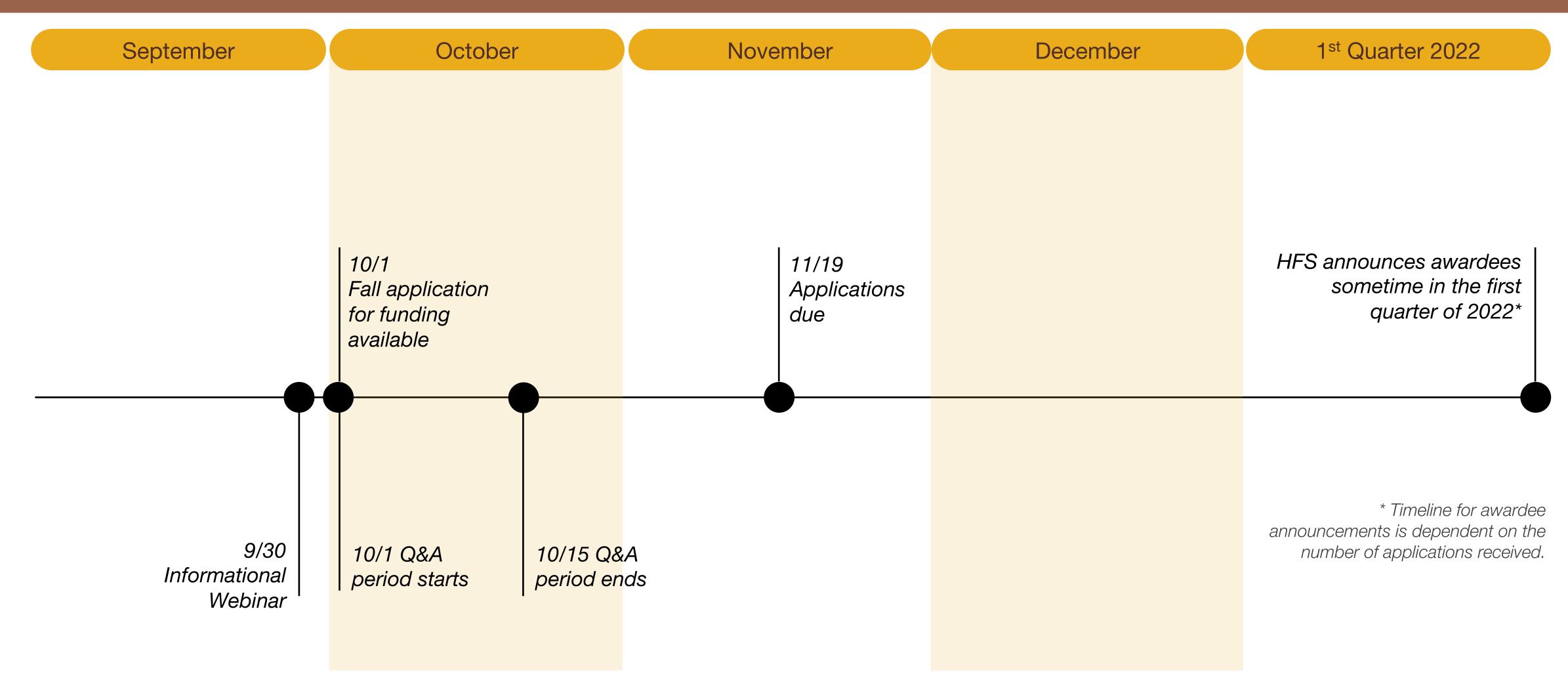
- Q&A Period runs October 1 15
- Send questions to <u>HFS.Transformation@Illinois.gov</u> and answers to questions will be posted on the HTC website under FAQs

Technical assistance:

- Submit an email to <u>Support@Amplifund.com</u> or call 216-377-5500
- Amplifund will respond within 2 hours
- If necessary, live technical assistance can be requested using the email or phone number above
- Register at the Amplifund support site (https://il-amplifund.zendesk.com) to find tutorials and help guides

Application Key Dates







Stay connected

Register for HTC updates at HTC.Illinois.Gov





