Advancing Health Equity Learning Collaborative Request for Applications

Part I. Overview Information

Participating Organizations   Advancing Health Equity: Leading Care, Payment, and System Transformation. A program funded by the Robert Wood Johnson Foundation based at the University of Chicago

Institute for Medicaid Innovation

Center for Health Care Strategies

Announcement Type   New Opportunity

Key Dates		
	RFA Posted	March 25, 2019
	TA Webinar	April 9, 2019, 3:00-4:00 p.m. EDT/2:00-3:00 p.m. CDT/1:00-2:00 p.m. MDT/12:00-1:00 p.m. PDT
	Application Deadline	May 24, 2019 by 3:00 p.m. CDT
	Notification of Decision	June 28, 2019
	Kick-off Meeting (Chicago)	October 2-3, 2019
	Final Meeting (Chicago)	September 13-14,2021

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

Part II. Description of Opportunity

Purpose
Policy makers, payers, and health care delivery organizations must coordinate and align their activities if they want to achieve health equity. To promote that alignment, the University of Chicago, Institute for Medicaid Innovation (IMI), and the Center for Health Care Strategies (CHCS) have partnered to launch an exciting new initiative: Advancing Health Equity: Leading Care, Payment, and System Transformation (AHE). AHE is funded by the Robert Wood Johnson Foundation. AHE's first activity, The *AHE Learning Collaborative* will offer technical assistance and capacity building services to up to nine teams of state Medicaid agencies, Medicaid managed care organizations (MMCOs), and health care provider organizations or systems that will collectively design and implement integrated payment and health care delivery reform interventions to advance health equity.

Goals
The *AHE Learning Collaborative* will help state Medicaid agencies, MMCOs, and health care provider organizations or systems to achieve their health equity goals by aligning their resources and strategies

through team collaboration. Teams will design and implement payment reforms that facilitate equity-focused health care delivery redesign. Through this work, the *Learning Collaborative* will uncover best practices and policy recommendations for integrating payment and health care delivery reforms to advance health equity by eliminating health and health care disparities.

Participants

The *AHE Learning Collaborative* will include up to nine teams consisting of MMCOs working directly with their state Medicaid agency and a minimum of two health care provider organizations or systems (e.g., health systems, hospitals, community health centers, private and individual practices and clinicians) with whom the MMCO has a contract or formal agreement.

Background

Health equity --everyone having a fair and just opportunity to be as healthy as possible—requires improving access to the conditions and resources that strongly influence health. Health equity for those groups who have been excluded or marginalized requires a focused commitment to eliminating **health disparities,** which are the differences in health or its key determinants (such as health care, education, safe housing, and freedom from discrimination). When it comes to health care, this means:

- Ensuring that care is equitable across all dimensions of quality.
- Actively involving consumers, their families, and caregivers as equals in identifying the causes of disparities and the solutions.
- Recognizing that high-quality, equitable care does not always mean providing each person the exact same care.
- Addressing key disparities in health and its key determinants, and monitoring and measuring progress eliminating them.

Value of the *Learning Collaborative*

We know a lot about how to identify and reduce disparities via quality improvement, and we also know that addressing social determinants of health holds significant promise for advancing health equity. But State Medicaid agencies, MMCOs, and health care provider organizations or systems (i.e., health systems, hospitals, community health centers, private and individual practices or community-based organizations) are faced with competing priorities, limited resources, and policy barriers that prevent them from taking action. To that end, the *AHE Learning Collaborative* participants **will receive in-person training (travel expenses covered by AHE), web-based training, and tailored technical assistance to**:

- Have an opportunity to design and implement integrated value-based payment and quality improvement efforts designed to reduce or eliminate health and health care disparities.
- Learn about tools and resources for incorporating equity into payment reform initiatives.
- Learn how to address common challenges when adopting health equity projects, including competing priorities, limited resources, identifying a return on investment (ROI), ensuring that quality of care is maintained and improved, state and federal policy barriers, and challenges with payer, hospital and clinician partnerships.
- Use practice-level quality measures stratified by race, ethnicity, language, socioeconomic, or other demographic variables to inform their projects.
- Aim for improvements in clinical performance measures, associated composite measures (empirically derived measures that combine individual quality metrics, such as structure, process, and outcome indicators, into a single measure), and/or quality or cost goals.
- Position themselves to take advantage of upcoming regulatory and federal mandates to improve quality and reduce health and health care care disparities.

- Develop skills and programs related to creating and sustaining equitable health care that they can use long after the program ends.
- Engage with other participants throughout the United States.

Expectations for Learning Collaborative Participants

The following activities and components of the Learning Collaborative are designed to support movement toward the goal of health equity for all Medicaid enrollees. **Applicants will agree to:**

- **Recruit a Learning Collaborative Team**
  - The team will consist of at least one Medicaid managed care organization (MMCO), the State Medicaid program in at least one market in which the MMCO(s) operate(s), and at least two health care provider organizations or systems contracted by the MMCO(s) within that market. Each team will also be expected to actively engage Medicaid enrollees, families, or caregivers in their activities.
- **Actively Engage in the Learning Collaborative**
  - All organizations on the team will play active roles in the 2-year Learning Collaborative starting in Fall of 2019 by attending 3 in-person meetings, 2 virtual meetings, virtual trainings, monthly technical assistance calls, and an in-person site visit.
- **Design and Launch an Integrated Payment and Health Care Delivery Reform Initiative (or Adapt Existing Initiatives) to Identify and Reduce Disparities**
  - The integrated payment and health care delivery reform initiative will be designed by the Learning Collaborative team and implemented during the project period. It can be a pilot or a nearly fully-developed initiative and can build off existing efforts by adding a disparities focus. The initiative should aim to reduce disparities in health care processes or health outcomes across specific patient population(s). Part of the overall initiative should address social determinants of health.
  - The initiative designed by the Learning Collaborative team should be launched in the Spring of 2020, and should run for at least 15 months.
- **Participate in an Evaluation of both the Learning Collaborative and Your Team's Integrated Payment and Health Care Delivery Reform Initiative**
  - Teams will collect and measure health care process and/or outcome measures stratified by key demographic variables. Measures and demographic variables will be determined by the team's participating organizations. The purpose is to identify and track disparities experienced by Medicaid enrollees at the participating health care provider organizations or systems.
  - Teams will provide health care process and outcome data for the purpose of evaluating the successes and challenges of the integrated payment and health care delivery reform programs designed and implemented during the Learning Collaborative. Specific data reporting will account for antitrust and proprietary considerations.
  - Teams will be willing to provide data describing the cost of implementing and executing the integrated payment and health care delivery reform initiative.
  - Key stakeholders at participating team organizations will partake in qualitative interviews conducted by the Advancing Health Equity program at the approximate mid- and end-points of the Learning Collaborative.

Part III. How to Apply

Key Application Dates and Deadlines

Date	Description
March 25, 2019	Request for Applications Released
April 9, 2019 3:00-4:00 p.m. EDT 2:00-3:00 p.m. CDT 1:00-2:00 p.m. MDT 12:00-1:00 p.m. PDT	Informational Webinar for Applicants Visit www.SolvingDisparities.org to register for the applicant webinar.
May 24, 2019	Applications due at 3:00pm CDT
June 4-June 21, 2019	Applicant Follow-up Calls
June 28, 2019	Learning Collaborative Teams Announced

Application Requirements

All applications must include the following items:

- Cover letter
- Completed AHRQ Readiness Assessment for each organization on the applicant team. The AHRQ readiness Assessment can be found at www.solvingdisparities.org
- Responses to <u>all questions</u> (see below). Additional information about the six questions including a description, requirements, and preferred elements can be found in the Application Rubric document found at www.solvingdisparities.org.
- Letters of support from all organizations on the applicant team (see Question 1d for details on the content of letter). Organizations that are part of selected teams will be asked to submit memorandums of understanding by Thursday, August 1, 2019.

The responses to all of the questions **should not exceed 11 pages (excluding appendices), as a single spaced, 1 inch margins, Ariel 12-point font MS Word document**. Incomplete and/or non-responsive applications that do not follow the application instructions will not be reviewed.

Applications will be evaluated for technical merit by project team members with expertise in Medicaid, managed care administration and operations, health equity, and health care delivery and quality improvement. Reviewers will provide an individual score to each of the six questions. In addition, reviewers will provide an overall score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence advancing health equity and informing the field. The overall score is the most important measure. Only the review criteria in the six questions described in Part IV below will be considered in the review process. Please visit www.SolvingDisparities.org for complete application instructions.

Part IV. Application Questions

Refer to Application Rubric found at www.solvingdisparities.org for additional information.

1. Commitment by each organization in the applicant team to achieving health equity for Medicaid enrollees and to identifying and reducing disparities as key measures of progress. Demonstrable readiness to change at each organization. (2-3 pages maximum, excluding written agreement.)

    a) Describe the background and mission of each of the applicant team organizations.

    b) Describe examples of efforts to reduce heath disparities that the team believes might be the most promising and feasible to implement through the Learning Collaborative. How do these related to other previous or planned efforts?

    c) Provide a signed written agreement, such as a letter of support or other descriptive document, outlining how th e leadership o f each applicant team organization will commit to:

        i. Participate in the Learning Collaborative activities of designing and implementing integrated health care payment and delivery reforms to make demonstrable advancements toward the goal of health equity for Medicaid enrollees.

        ii. Identify, measure and track at least one health care disparity for the duration of the project.

        iii. Allocate staff resources for the duration of the project in the form of: a) a dedicated representative to the Learning Collaborative and a backup representative (see Criterion 4 below), and b) involvement of finance, revenue, IT, QI and other staff who would be required for the successful implementation and/or modification of the integrated payment and health care delivery reform initiative.

        iv. Provide the *Advancing Health Equity* program health care process and/or outcome measures stratified by key demographic variables, and cost data. The *Advancing Health Equity* program wishes to evaluate the successes and challenges of the integrated payment and health care delivery reform activities, including how the program could be sustained for the long-term and replicated in other settings. Any data or analyses from the Learning Collaborative will first be reviewed by the Learning Collaborative participants before it is disseminated. Participate in qualitative interviews for program evaluation.

2. The willingness of each organization in the applicant team to adopt payment reform strategies that will support care transformation initiatives focused on health equity. (2-3 pages maximum)

   a) Explain why your team wants to join the learning collaborative. What is motivating the MMCO(s), the health care providers or systems, and the state?
   b) Describe examples of payment reform strategies to reduce health and health care disparities that the applicant team believes might be the most promising and feasible to implement through the Learning Collaborative. How do these related to other previous or planned efforts?

3. Demonstrated recognition by each organization in the applicant team of how social needs and community factors contribute to health disparities. (1-2 pages maximum)

   a) Describe existing or prior efforts, if any, within each of the applicant team organizations to address social needs or social determinants of health. Articulate the goal of the initiative and the specific strategies utilized. If applicable, briefly describe the success or failure of the initiative and cite factors (within and/or outside the organization) that contributed to those results. Do any of them reward reductions in health or health care disparities?
   b) Describe what initiatives to address social determinants of health that the applicant team believes are most promising and feasible to address health disparities that the team can implement for the project.

4. Composition of Learning Collaborative Team and Plans for Engagement of Key Partners (1-2 pages)

   a) Describe who (name and position) within each of the applicant team organizations will be assigned to the Learning Collaborative team. Include their relevant skill set, experience leading an initiative such as this one, who they report to and who reports to them in the organization, their experience with quality improvement, sensitivity to issues of equity, and any other factors you believe are relevant regarding their choice. Include this information for both the primary individual and the backup individual.
   b) Include a flow chart (**not included in 1 page maximum**) regarding each individual's ability to influence change in their organization, including their regular access to key leadership and to the operations staff (IT, finance/revenue, QI, etc.) whose input will be needed to successfully implement/modify the payment and care reform initiative.
   c) Describe how the applicant team will engage Medicaid enrollees, families, and/or caregivers, including those living with the targeted disparity(ies), as part of its work in the Learning Collaborative. Also describe how each of the applicant team organizations currently obtains input from Medicaid enrollees/beneficiaries/patients when designing care delivery or payment reforms.

5. Capacity to identify, measure and track disparities. (1 page maximum)

   a) Demonstrate that the health care provider organizations or systems on the applicant team have a sufficiently large and diverse patient population to ensure that progress over time in reducing the identified disparity/disparities can be measured and monitored.
   b) Describe the procedures used by the health care provider organizations or systems on the applicant team for collecting demographic data (e.g., race, ethnicity, language, age, sex, socioeconomic status).
   c) Describe any current or planned procedures at applicant team organizations to analyze/report performance measures stratified by demographic groups.

6. Adequacy of the Quality Improvement (QI) infrastructure for each organization on the applicant team. (1 page maximum)

   a) Describe the quality improvement infrastructure for each of the applicant team organizations. Who works on quality improvement? How are they organized? How are they supported? How are quality data currently collected, analyzed, and reported? Provide links to, or copies of, any publicly reported quality data in an appendix. (Appendix does not count toward page limit.)
   b) Describe how, if at all, each applicant team organization currently incorporates equity into its quality improvement activities. If QI efforts do not currently address equity, how might they in the future?
   c) Please describe which staff members, departments, or teams would likely be responsible for implementing the potential quality improvement activities of this project.
   d) For the MMCO and the health care providers or systems on the applicant team, describe existing mechanisms for providing direct technical assistance (TA) at the practice level (i.e., practice coaches or similar quality improvement "liaisons"). Provide examples of successful TA initiatives using this approach.

Part V. Learning Collaborative Timeline

Phase 1: Learning Collaborative Kick-off and Initial Training, October-Dec 2019

Date	Description	Format
Oct 2-3, 2019	*Learning Collaborative* Kick-off meeting in Chicago (includes Roadmap training session #1)	In-person, 1.5 days
Oct 24, 2019	Roadmap training session #2 Participant teams complete applied exercises between sessions. The exercises are designed to help the teams apply the concepts they learn during the training to their own payment and quality improvement activities. AHE will provide individualized feedback on completed exercises to facilitate program planning and design.	90-minute webinar
Oct 31, 2019	Roadmap training session #3	90-minute webinar
Nov 7, 2019	Roadmap training session #4	90-minute webinar
Nov 14, 2019	Roadmap training session #5	90-minute webinar
Nov 21, 2019	Roadmap training session #6	90-minute webinar

Phase 2: Payment and Delivery System Intervention Design Phase, January 2020-April 2020

Date	Description	Format
Jan – April 2020	Participant teams work individually with their preceptors to design/modify payment reform initiative.	Monthly TA phone calls, Additional TA as-needed
April 23, 2020	Learning Collaborative Cross-Team Learning Session #1 Web-based meeting to share lessons learned, new ideas, recommendations (post design phase)	120-minute webinar

Phase 3: Payment and delivery system intervention implementation May 2020- July 2021

Date	Description	Format
May 2020 – July 2021	Participant teams work individually with their preceptors to implement new/modified payment reform initiative.	Monthly TA phone calls, Additional TA as-needed
May 2020 – Mar 2021	Site visits by AHE project team. One site visit per Learning Collaborative Team (dates to be scheduled)	In person, 1 day
Oct 19-20, 2020	Mid-project in-person learning session in Chicago	In-person, 1.5 days
April 20, 2021	Learning Collaborative Cross-Team Learning Session #2 Web-based meeting to share lessons learned, new ideas, recommendations (post implementation)	120-minute webinar
Sep 13-14,2021	Finale Convening in Chicago	In-person, 1.5 days

Part VI. Program Leadership and Oversight

The AHE National Advisory and Policy Development Committee (NAPDC) will provide guidance on the design and implementation of the project as well as interpretation of participant experiences to glean best practice and policy recommendations. The committee consists of representatives from MMCOs, state Medicaid officials, health and health care disparities and intervention experts, payment reform experts, health care consumers, providers, and other Medicaid stakeholders. A policy subcommittee will identify national-, state-, local-, and organization-level policy challenges, opportunities, and recommendations.

National Advisory and Policy Development Committee
Our National Advisory and Policy Development Committee brings together diverse expertise that strengthens the program and ensures a comprehensive, interdisciplinary approach.
Marina Acosta, MPH, Program Director of Health Equity, L.A. Care Health Plan

Michael Bailit, MBA, President, Bailit Health

Scott Brunner, MA, Vice President of Stakeholder Relations, Aetna Better Health of Kansas

Daniel Dawes, JD, Executive Director, Health Policy and External Affairs, Morehouse School of Medicine

Laura Gottlieb, MD, MPH, Director, Social Interventions Research & Evaluation Network, University of California, San Francisco

Dianne Hasselman, MSPH, Deputy Executive Director, National Association of Medicaid Directors

Sinsi Hernández-Cancio, JD, Director of Health Equity, Families USA

Craig Hostetler, MHA, Principal, Hostetler Group

Marsha Lillie-Blanton, PhD, Associate Research Professor, George Washington University Milken Institute School of Public Health

Jay Ludlam, JD, Assistant Secretary, Medicaid Transformation, North Carolina Department of Health and Human Services

Katie Martin, MPA, Vice President, Health Policy and Programs, National Partnership for Women & Families

Len Nichols, PhD, Director, Center for Health Policy Research and Ethics, George Mason University

Pamela Riley, MD, MPH, Medical Director, DC Medicaid Program

Jill Rosenthal, MPH, Senior Program Director, National Academy for State Health Policy

James Sinkoff, MBA, Deputy Executive Director, CFO, HRHCare

Allison Taylor, JD, Medicaid Director, Indiana's Family and Social Services Administration

Rachel Tobey, MPA, Director, John Snow, Inc.

<u>Overview of Advancing Health Equity: Leading Care, Payment, and System Transformation</u>
The Robert Wood Johnson Foundation (RWJF)-funded initiative, Advancing Health Equity (AHE), is based at the University of Chicago under the leadership of Drs. Marshall Chin and Scott Cook. In 2005, the Robert Wood Johnson Foundation (RWJF) launched Finding Answers to identify practical steps to reduce racial and ethnic disparities. Over 10 years, the program funded evaluations of innovative projects across the country aimed at reducing racial and ethnic health care disparities, initially focusing on diabetes, cardiovascular disease, and depression. Finding Answers produced numerous systematic reviews, established best practices, and developed a [Roadmap to Reduce Disparities](). Finding Answers quickly translated evidence into action and disseminated information, best practices, and tools to health care systems to help them recognize and act upon equity as an integral part of health care quality improvement. In 2014, the program evolved to include both payment and delivery system reform, recognizing how interventions must have a business case that includes a demonstrated ROI, improve quality, and be sustainable in the long-term. A June 2017 *Health Affairs* [article]() describes this work of the program. The program name was changed to Advancing Health Equity: Leading Care, Payment, and System Transformation in 2018 at the start of this new initiative.

<u>Responsible Staff at the Advancing Health Equity: Leading Care, Payment, and System Transformation program are:</u>

Marshall Chin, MD, MPH, Richard Parrillo Family Professor of Health care Ethics in the Department of Medicine, Co-Director

Scott Cook, PhD, Co-Director

Elizabeth Durkin, PhD, Assistant Deputy Director

Emily Loehmer, MS, RD, Program Manager

Ashley Skorski, MCS, Program Administrator

<u>Overview of the Institute for Medicaid Innovation</u>

The mission of the Institute for Medicaid Innovation (IMI) is to improve the lives of Medicaid enrollees through the development, implementation, and diffusion of innovative and evidence-based models of care that promote quality, value, equity and the engagement of patients, families, and communities. The Institute is a 501(c)3 nonprofit research organization that provides independent, nonpartisan information and analysis that informs Medicaid policy and improves the health of the nation.   IMI is focused on providing innovative solutions that address important clinical, research, and policy issues in Medicaid through multi-stakeholder engagement, research, data analysis, education, quality improvement initiatives, and dissemination and implementation activities. The Institute for Medicaid Innovation aims to be a leader in Medicaid innovation by impacting several key areas: improve access to quality care that positively impacts health outcomes; promote person-centered, family, and community integrated care; address social determinants of health to increase access and engagement; reduce disparities in access and quality of care; increase the utilization of value-based care; accelerate dissemination of innovative initiatives and evidence-based practices; inform policy decisions at the local,

state, and federal level; facilitate collaboration and partnerships; and identify areas for improvement and develop innovative solutions. For information, visit www.MedicaidInnovation.org.

Responsible staff at the Institute for Medicaid Innovation are:

Jennifer E. Moore, PhD, RN, Founding Executive Director

Kim Tuck, RN, Health Policy Associate

Erin Smith, PhD, Health Research Associate

Caroline Adams, Health Policy & Research Assistant

Overview of the Center for Health Care Strategies

The Center for Health Care Strategies (CHCS) is a nonprofit policy center dedicated to improving the health of low-income Americans. CHCS works with state and federal agencies, health plans, providers, and community-based organizations to advance innovative and cost-effective models for organizing, financing, and delivering health care services. Its work focuses on: (1) advancing delivery system and payment reform; (2) integrating services for people with complex needs; and (3) building Medicaid and cross-sector leadership capacity to support high-quality, cost-effective care. For more information, visit www.chcs.org.

Responsible staff at the Center for Health Care Strategies are:

Tricia McGinnis, MPP, MPH Senior Vice President

Shilpa Patel, PhD Senior Program Officer

Contact Information
Advancing Health Equity: Leading Care, Payment, and Systems Transformation
866-344-9800
info@solvingdisparities.org

Please direct questions about the Learning Collaborative, selection criteria or content-related application questions to the AHE program office. E-mail is the preferred method of contact. Please see Part III "How to Apply" for information about the application process.