2014 Health Transformation Summits
Summary Report

January 2015

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About This Document

This report summarizes the Health Transformation Summit events sponsored by the Illinois Department of Public Health (IDPH), the Illinois Governor's Office of Health Innovation and Transformation (GOHIT), and the Illinois State Health Improvement Plan Implementation Coordination Council (SHIP ICC), held between September and December, 2014.

In addition to describing these events, and providing key findings from discussions held at these events, this document also includes resources that may be useful to participants and others, including:

- links to important web sites and resources;
- slides from the IDPH, GOHIT, and SHIP ICC presentations;
- the Regional Health Improvement Collaborative Concept Paper; and
- the SHIP ICC Priority Area Metrics, Version 1.0.

This document cannot represent every view expressed over the course of these summit events. But, IDPH, GOHIT, and the SHIP ICC intend for this document to provide a fair overview of the opinions expressed from the many represented stakeholders.

Introduction

Between September and December of 2014, the Illinois Department of Public Health (IDPH), the Illinois Governor's Office of Health Innovation and Transformation (GOHIT), and the Illinois State Health Improvement Plan Implementation Coordination Council (SHIP ICC) worked together to sponsor eight Health Transformation Summits around the state, held in:

- Champaign, IL
- Malta, IL (Rockford Region)
- Joliet, IL (Chicago/West Chicago Regions)
- Mt. Vernon, IL (Marion Region)
- Maryville, IL (Edwardsville Region)
- Rosemont, IL (Chicago/West Chicago Regions)
- Peoria, IL
- Addison, IL (Chicago/West Chicago Regions)

These Summits had three main objectives.

1. To raise awareness of critical statewide initiatives to foster collaborative health transformation, which included the following:

    - State Innovation Model grant
    - Governor's Office for Health Innovation and Transformation
    - We Choose Health
    - Proposed Regional Health Improvement Collaboratives
    - State Heath Improvement Plan and related priority area metrics

2. To convene groups of multi-sectorial stakeholders around the state to discuss local priorities for health improvement and to provide feedback about how state government can support their local and regional work.

3. To serve as a starting point for a statewide assessment and development process that IDPH will undertake in 2015, in advance of publishing the 2016 State Health Improvement Plan.

In fact, the genesis of these events began with the SHIP ICC, whose implementation report included plans for a series of in-person outreach meetings around the state, designed to increase awareness of the SHIP and foster stakeholder alignment. While this outreach effort would have had value by itself, planners saw an opportunity to address other needs at the same time.

Due to the passage of the Affordable Care Act in 2010 (ACA), Illinois has experienced profound changes in its health policy, public health, and health delivery systems. The current version of the SHIP, published prior to ACA's passage, reflects a rather different environment than the one faced by policymakers, practitioners, and community partners, today. Expanding the scope of these events provided an opportunity for the state to align its initiatives and raise awareness throughout Illinois.

In addition, holding these events, regionally, gave representatives of state agencies the opportunity to involve communities on a local level and engage in meaningful dialogue about how state government can do a better job of supporting health transformation activities occurring regionally. It also provided the opportunity for state government to articulate its two-year health improvement agenda, and highlight the critical role played by multi-sectorial community coalitions all over Illinois.

To begin planning these initiatives, IDPH worked with partners at the MidAmerica Center for Public Health Practice (MCPHP) at the University of Illinois School of Public Health (UIC SPH)to convene a statewide planning committee to refine the concept for these Summits and spur the creation of local planning committees. Statewide committee members included all of the IDPH regional health officers, as well as stakeholders representing many of the key sectors these Summits were intended to reach.

Health Transformation Summits Statewide Planning Committee	
Michael Gelder Senior Health Policy Advisor to Governor Pat Quinn	**Leticia Reyes-Nash** Illinois Department of Public Health
Elissa Bassler Illinois Public Health Institute	**Julie Pryde** Champaign-Urbana Urban Health District
Mike C. Jones Illinois Department of Healthcare and Family Services	**Kevin Hutchison** St. Clair County Health Department
Miriam Link-Mullison Jackson County Health Department	**Raj Parikh, MD** Illinois Primary Health Care Association
Robin Koehl Bi-County Health Department	**Greg Chance** Peoria City-County Health Department
Laura Schneider Lake County Health Department	**Tom Hughes** Illinois Public Health Association

Bridget McCarte Illinois Hospital Association	**Patricia Canessa** Salud Latina
Betsy Creamer Illinois State Board of Education	
IDPH Regional Health Officers	
Omayra Giachello	**Marilyn Green**
Joseph Harrington	**Allison Hasler**
Mark Hunter	**Andrea Parker**
Facilitator: Jason Rothstein, University of Illinois School of Public Health	

The statewide planning committee assisted with recruiting local planning committees, each of which is listed in the section describing individual events. MCPHP assisted local planning committees with event planning, logistics, registration, and staff resources.

The Road to SHIP 2016

The Health Transformation Summits, held in late 2014, represent a key first step in the development of the next version of the State Health Improvement Plan (SHIP) to be released in 2016.

The most recent SHIP was published in 2010, shortly before passage of the Affordable Care Act (ACA). ACA drastically changed the Federal and state landscapes for health care and health policy. While the Governor-appointed SHIP Implementation Coordination Council worked diligently to align the work of stakeholders with the priority areas outlined in SHIP 2010, other state and regional entities began the work of creating new models for health transformation to guide the state during this critical period.

Specific initiatives included:

We Choose Health
In 2011, IDPH successfully applied for a Federal Community Transformation Grant (CTG) from the Centers for Disease Control and Prevention (CDC). Made possible through programs created by ACA, CTG funding provided a means for awardees, like IDPH, to pursue highly collaborative, community-driven chronic disease prevention strategies. IDPH used CTG funding to create We Choose Health, a program that funded 21 local community coalitions to pursue evidence-based healthy eating, active living, and tobacco control interventions. We Choose Health also supported two statewide programs- Health Hearts and Healthy Childcare.

Governor's Office of Health Innovation and Transformation
In 2012, Governor Pat Quinn created the Governor's Office of Health Innovation and Transformation (GOHIT) by executive order. He charged this new entity and its director, Michael Gelder, with the task of coordinating statewide efforts to achieve the Triple Aim: better quality healthcare, better outcomes, and lower costs. Three of GOHIT's major projects included:

- *Alliance for Health Innovation Plan*
  GOHIT convened a series of workgroups to create a statewide innovation plan for implementing health care reform in Illinois and achieving the Triple Aim. The final plan articulates a four-year strategy for strengthening healthcare, improving healthcare quality, bolstering public health, and pursuing new strategies for lowering costs.

- *1115 Waiver*
  GOHIT coordinated efforts to submit Illinois' 1115 Waiver, a proposal to the Federal government to allow Illinois flexibility in how it uses Medicaid dollars.

The Illinois 1115 Waiver proposed funding a number of alternative programs intended to reduce overall costs through better prevention and disease management strategies.

- *State Innovation Model Grant*
  GOHIT also led Illinois' successful application to the Centers for Medicare and Medicaid Services (CMS) for a State Innovation Model planning grant, and its subsequent application for a model test grant, which resulted in an additional planning grant. The State Innovation Model serves as a framework to implement the strategies outlined in the Alliance for Health Innovation Plan.

Regional Health Improvement Collaboratives

As part of its own implementation strategy, IDPH has proposed the creation of Regional Health Improvement Collaboratives (RHICs). Under the RHIC model, organic collaborative entities of multi-sectorial stakeholders would be eligible for funding and technical assistance from IDPH when implementing highly targeted, evidence-based interventions for health improvement. While RHICs represent an advanced design for interventions in the state, it draws some of its inspiration from We Choose Health, which used a similar model of funding and on-the-ground assistance in support of its grantees.

Many or all of these elements will come into play in the implementation of the next version of the SHIP. An important outcome from these Summits was to raise awareness of these initiatives among regional stakeholders who will act as the primary engines of change at the local level.

These Summits also helped IDPH and GOHIT to seed interest in planning activities among nearly 750 important stakeholders throughout Illinois. The goal is simple - SHIP 2016 will represent a collaborative dialogue among state and regional stakeholders that fosters engagement and alignment, from its inception.

Over the course of 2015, IDPH will build on these Summits to conduct a statewide health assessment and development process involving stakeholders at every level, and from every region.

Summit Overview

Each Summit followed a basic template, with some variation in the order of activities for each event, as well as some customization of the activities by the local planning committee. The activities included three presentations on statewide initiatives, local panel presentations and facilitated feedback. These are described below.

Presentation on Statewide Initiatives

GOHIT

GOHIT provided attendees with a briefing that covered the scope of its work, the Alliance for Health Innovation Plan, the 1115 Waiver, and the State Innovation Model grant. Michael Gelder, Governor Quinn's Senior Health Policy Advisor, represented GOHIT at seven of the eight events.

IDPH

IDPH reviewed the achievements of its We Choose Health program, highlighting local projects and outcomes, where available. IDPH also provided attendees with an overview of the Regional Health Improvement Collaborative proposal that may provide funding and other assistance to regional coalitions in the future. Leticia Reyes-Nash, IDPH Division Chief for Health Policy, represented IDPH at seven of the eight events.

SHIP ICC

The SHIP ICC provided attendees with the historical context for many of the new activities and an overview of the past and future SHIP development process. The SHIP ICC also unveiled the recently approved metrics for the Priority Areas outlined in SHIP 2010, which provides a common framework for statewide and regional entities to use when evaluating their work.

The statewide presentation slides are included as an attachment to this document.

Local Panel Presentations

At each event, panelists described successful examples of local health improvement initiatives using the collaborative and evidence-based models encouraged through the statewide initiatives described above. Many of the panel presentations featured We Choose Health grantees, which were able to illustrate how RHIC-like models had functioned on a local level.

Facilitated Feedback
At each event, attendees participated in a two-part exercise to provide the state with meaningful feedback about how it can work more effectively with regional and local partners.

First, attendees worked individually and then in small groups to answer three key questions and to categorize them using the affinity group method:

- What are the biggest untapped opportunities you see for expanding collaboration with state agencies?

- What are the biggest untapped opportunities you see for expanding collaboration with regional partners?

- What resources would do the most to support your local and statewide collaboration efforts? (Be specific. Avoid broad answers like "Money" and "Staff.")

Then, the larger group reconvened for a facilitated discussion, using the affinity group categories as a kickoff into deeper discussions.

The results of the individual facilitated feedback session are described in the sections for each event.

Key Themes from Feedback Sessions

While each Summit revealed some regional differences, key themes did emerge during discussion at most or all events, that suggest priorities for Illinois as a whole. The key themes are described below.

Data: Collection, Availability, and Usage

At every meeting, stakeholders expressed the need to enhance the collection, availability, and usage of health data in Illinois. The following are some of the issues identified.

- Inadequate frequency of key collection points, such as the Behavioral Risk Factor Surveillance Survey and delays in data reporting, such as those through the Illinois vital records system.
- Challenges getting local data from regional partners or in developing platforms to share local data.
- Challenges getting data from state government or using state government data for analysis.
- Lack of local expertise for generating, analyzing, sharing, and using data.
- Financial and technical obstacles to local health departments adopting electronic health records for their direct services.

However, IDPH and GOHIT representatives also took the opportunity of these meetings to inform stakeholders about current and future initiatives to address these issues. These included:

- IQuery, a tool for searching across multiple public health data sources in Illinois that also supports adding datasets from local stakeholders.
- Data.illinois.gov, the statewide data aggregation site.
- IDPH improvement plans for supporting the state's vital records system.
- GOHIT proposals for an all-payer claims database.

Resource Sharing

At the Summits, many stakeholders expressed frustration with the difficulty of finding up-to-date, reliable repositories of critical types of resources, such as:

- Human service agencies and their services;
- Evidence-based toolkits for interventions; and
- Funding sources and grant opportunities.

However, many local stakeholders also offered their own best practices for sharing such resources in their own communities and for creating central access points for services, such as 211 lines.

IDPH and GOHIT representatives also took the opportunity to highlight existing resource repositories, including wechoosehealth.illinois.gov and healthreform.illinois.gov.

Technical Assistance

Many Summit attendees articulated the need for more technical assistance by state government around specific initiatives, interventions, and strategies for health transformation, as well as to build general capacity for high-quality multi-sectorial collaboration and communication.

Several attendees cited the model used under We Choose Health as an effective example of the kind of technical assistance needed. We Choose Health provided its grantees with both technical assistance related to the funded intervention strategies, and in broader capacity building such as partnership development, working with media, and using stories to communicate success.

Government's Role: Full-time partner, part-time leader, and reliable convener

Summit attendees represented a wide spectrum of beliefs and preferences related to government's role in health improvement, and in general. Three broad areas of general consensus emerged.

- Recognizing that the relationship between state government varies depending on the nature of a program, attendees were consistent in suggesting that these relationships worked best when IDPH and other agencies viewed themselves as a partner first. By necessity, many state and Federal dollars come with strenuous requirements and restrictions. But even the most restrictive programs will best accomplish their goals when local entities and state agencies work collaboratively on planning, implementation,

and outcome evaluation. Several attendees cited We Choose Health as an effective demonstration of this model, and in particular, of a balance between prescribing solutions while allowing flexibility in implementations.

- Few, if any, attendees denied the need for state government to assume a leadership role in some programs and initiatives. While regional stakeholders were sometimes frustrated by the overuse of top-down models for rolling out systems and strategies throughout the state, they largely welcome state leadership on large, complex issues. Further, they welcome the provision of state-driven resources such as technical assistance, data analysis, and support services.

- Finally, most Summit attendees expressed an interest in more opportunities for the state to assist as a convener for regional meetings and partnerships. Overall, most attendees viewed any increase in the visibility of state agency representatives outside of Springfield and Chicago as a positive development, with the potential of helping to bring more stakeholders to the table.

Summary of Each Summit Event

Champaign

October 9th, 2014
10:00am – 4:00pm
iHotel
1900 South First Street, Champaign, IL
187 Participants

Event Notes:

<u>Opportunities for expanding collaboration with state agencies</u>

- Data Sharing
  - Sharing data & best practices across organizations & with the state
  - Data exists but there is no access to it
  - Public Health data distributed in a timely manner
  - Resources & access to state level health data to be used for local health needs
  - The state should create a DATA Repository where we can find data
  - Up to date community data from state
- Communication and Assessment
  - Assessment of duplication of services across agencies
    - Ex. 800 #s, similar grant opportunities, like adult protective services
  - Visit and talk w/people around the state as to what they are doing, why &how
  - State health department IPLAN cycle & hospital community assessment needs to be on the same cycle
  - Cross section communication of "what works" programming
- Local health needs
  - Oral Health has a huge impact on all areas of ones life!!
  - Suggest IDPH should have a bigger focus on including ISBE to programs that focus on preventions & promotion of health in the schools
  - State needs to ensure southern local health departments get the help they need to provide services
- Marketing
  - Market the opportunity & the outcomes for the public
    - Radio
    - TV
    - Billboards
    - Flyers

        - Twitter
        - Be creative!
    - Media messaging
        - Purchase public service announcement spots that reach multiple regions

<u>Resources to support local and statewide collaboration efforts</u>

- Funding
    - Money is always an issue
        - Local health protection grant funding that funds core programs hasn't increased in years
    - Need based funding – state has categorical funding for different health issues (Tobacco, TB, etc.) Why isn't there funding for whatever IPLAN priorities are
    - Grants need to be available without minority population restrictions for small rural counties that do not have a diverse population
    - County funding differences – impacts level & types of services
    - Enhanced Medicaid payment for prevention activities/services
- Stakeholders
    - Redefine "stakeholder" to encourage more collaboration & recognize the work & positive outcomes achieved by smaller groups
    - Incentives for people to meet w/other local stakeholders face to face regularly
        - Institutions/organizations assign an employee to participate
- Utilization of Technology – Data Sharing, Social Networking, etc.
    - Provide a home/platform to share opportunities & information – i.e. How do we even know what is going on if we are not part of the public health or a "stakeholder"
    - Consistent data
        - County specific data from the state keeps changing
    - EMR unified programming/process
    - Navigable, open access, e-repositories of data, best practices sources/information/findings
    - Centralized place to look for local & state level funding around health related grants
    - Effective use of digital social networking
    - Facilitate opportunities to meet, share, discuss, & collaborate resources
    - Common database of services & funding resources

- Other
    - Medicaid CPT Resource Guide
    - Integrated transportation (across counties, etc.)

<u>Opportunities for expanding collaboration with regional partners</u>

- Combine resources and efforts
    - Haul projects or better yet grant opportunities that require collaboration with other regions
    - Collaborate to priorities for the region and direct local resources to impact regional priorities
    - Health share resources & eliminate duplication of services
    - Regional – suggest meeting more frequently than quarterly meeting, and have environmental nursing and administrators meet all together
    - Having a resource page for regional partners available
    - Local Health Department indicators results determined statewide like the way the sewage program is done
    - Using quarterly/annual meetings for specific topics to work together more broadly
        - Give us a few hours before or after the asthma/tobacco meeting to work on collaboration
- Data Sharing and Technology
    - Program to collect & report all data consistently & easily
    - Consistent data, BRFSS-same questions
    - Match the IPLAN years with hospitals community assessment
    - Coordinate IPLAN & community assessment
    - Sharing data with other state partners, DHS, EPA, etc.
    - Quarterly reports should take minutes at meetings and post on-line so all regions can see
    - Need electronic health record access but it is too expensive for LHDs
- Other
    - More transformation opportunities for rural residents to access healthcare not available in own community

<u>Barriers Around Collaborations</u>

- Competitive grants
    - Less likely to share information with partners if competing for funding, especially outside of region
- Lack of regional grants

Malta

October 20th, 2014
10:00am – 4:00 pm
Kishwaukee College, 21193 Malta Road, Malta, IL
Participants: 61

Event Notes:

Opportunities for Expanding Collaboration with State Agencies

- Communication
  - More transparency
  - Understanding of what works from "similar or like" communities across the state
  - Access: today was a unique opportunity to learn from state-level staff about the many initiatives → hearing in-person was more helpful than reading or phone conferences
  - Good/ better communication between region and local
  - Regular opportunities to ask questions and learn
  - Effective communication and how it gets filtered to the grassroots
  - Better communication with locals
- Alignment
  - Networking to identify common or potential initiatives
  - Lack of knowledge of opportunities
  - Need to better understand the number/ type of state agencies out there…is there a listing somewhere with the services they provide, qualifications, etc.
  - It is important to hear from agencies on a regular basis and need to align goals to make a larger impact
  - Need to formalize references or resources
  - Funding: grant opportunities
  - State agencies should attend to local and regional program models, and utilize successful efforts as models for statewide implementation. Also, local projects that work could be funded on a local basis (vs. statewide initiatives)
  - Regional IDPH coordination rather than individual competition or effort on common issues like obesity
  - Continue with alignment of goods/ metrics, as well as incentives
  - Data collected by state agencies
  - Setting benchmarks aligned demographically
  - Relationships where common clients are shared
  - State repository of agencies and programs/ initiatives
  - Sharing of data to build ROI

    - Time: we are pulled in so many directions and constantly have to prioritize --can't even participate in the current webinar and phone conference opportunities
- Policy Change
    - Combine lobby efforts
    - Leverage larger voice to educate on policy change!

Opportunities for Expanding Collaboration with Regional Partners

- Ideas
    - Intellectual capital
    - Materials
    - Leverage resources, especially intellectual capital
- Data
    - Identification of GAPS to assist in structure of Accountable Care Entity
    - Motivating key players in each county to participate in annual (or more often) regional meetings
    - Interest from the provider-sector (hospitals/ doctors) is lacking. Need some incentives?
    - Closer access to client
    - Time for meetings: we could learn a lot of the specifics of successful programming from our regional cohorts (like we did today), but we have no "extra" time --we are pulled into many meetings already
- Training
    - Yearly Regional Summits
- Strategic Alignment
    - Relationships where common clients are shared
    - Communicate regional goals and objectives, aligning resources, and messaging missions!
    - Manpower to help complete funding applications. Replace/ continue We Choose Health as example
    - Sharing current initiatives to maximize resources and efforts. How can we partner?
    - Share resources regionally, especially e-trainings
    - Sharing of resources
        - Back office functions
        - Policies, procedures, forms
        - Strategic goals and ideas
    - Collaboration in lobbying and marketing (requires shared vision and goals)
    - Further regionalization of public health services (share resources)
    - Health Departments
    - Collaborate with statewide UIC extension offices for local produce at food banks
    - Reform for tort for physicians in Illinois

- Using the similarity in market "conditions" when connected by agency/ client
- Maintaining identity
- Not knowing what each has to offer
- Strategic alignment
- Merge websites
- Open Data (Non-HIPPA)
- Development of Regional Public Health Repository for services/ programs/ documents
- ER procedures for referral to area providers
- Define regional partners

Resources to Support Local and Statewide Collaboration Efforts

- More student loan forgiveness, but also educational incentives
- Sorry, but the broad answers (staff and funding) are KEY. With funding and workforce reductions, our staff (especially senior-level managers that work on planning) is down-to-the-"bone." How can we run our operation and do this type of planning at the same time?
- Movement from program-specific funding to a more "block grant" approach (funding flexibility)
- Remove barriers in siloed funding
- Seed money with meaningful metrics/ outcomes
- Building infrastructure- I.T. Also, education on how to use data, data sources, etc.
- Timely data
- Accessibility of more current Public Health Data (plus, able to manipulate data)
- Data (outcome/ metrics)
- Bridging data sources to show cross-sector/agency savings when collaboration is achieved
- Data specific to local areas
- Grant writing
- Timely data and assistance and analysis
- We need more current health status data. Public health is supposed to have this expertise (for needs assessment and planning), but we do not have the proper tools (data)
- Statewide EMR for Public Health
- Establishing partnership in each county
- LHDs need help funding EHR systems, so that we can share data and be data-driven, otherwise, we cannot be active participants
- Community health needs assessment and planning needs coordination between health systems (hospitals) and LHDs→ including being on the same schedule

- Greater level of outreach and communication regarding opportunities/ grants and initiatives
- Access to national evidence-based initiatives
- Regional and statewide coalition that updates leaders and stakeholders, LHDs, private, and other local government agencies
- Technology support for things like Facebook
- Expertise and consultation
- Leveraging the relationships and knowledge to focus service (a.k.a. connect the dots)
- Trainings locally and planned well ahead of time
- More public health legislation that mandates change (i.e. smoking legislation)
- Lobbying assistance/ updates on bills and laws
- Achieving unified focus on "the client."--it's the common thread

Joliet (Chicago/North Chicago Region)

November 14, 2014
10:00am – 4:00pm
Presence St. Joseph Medical Center
333 Madison Street
Joliet, IL
Participants: 71

Meeting Notes:

<u>Opportunities for Expanding Collaboration with State Agencies</u>

- Communication strategy
  - Both directions with state of Illinois and local communities
  - Simple as *Who to contact* to *What's available*
  - Quarterly statewide meetings regarding progress and upcoming opportunities
  - Sharing common data
- Inclusive of all populations
  - Engage more community residents
  - More state agencies involved in local coalitions for guidance and technical assistance
  - Recognition that communities are not uniform
- Innovation
  - Collaborations on place and health
  - Developing school-based health centers
  - Data partnerships alignment with strategic priorities
- Health advocacy
  - Advocate for policies that protect health of citizens

<u>Opportunities for Expanding Collaboration with Regional Partners</u>

- Joint community partnerships
  - Collaborative on place and health
  - Increasing public and private partnerships
  - Streamline efforts (too many committees working on the same stuff)
  - Include non-professionals/general population
  - Education
    - Focusing on school districts and schools
- Communication
  - Request that regional planning is taken "on the road" – not just in conference room straight to communities
  - Communications and education of best practices on collaboration in other states

Resources Which Support Local and Statewide Collaboration Efforts

- Convening and collaborating
  - Utilizing faith communities to increase adhering to "doctor's orders"
  - Increasing understanding and sensitivity to diversity
- Data/Information sharing
  - All research information in one place
  - Feasible to access and contribute to
  - Specific community level data
    - Using social media to gather hyper-level data
- Training
  - Facilitators direct conversation
  - How to integrate SHIP into local efforts
  - Groups need more training resources that support effective collaborations
  - Leadership from state agencies and training for locals
- Opportunities for Resources
  - Dedicate resources for mental illness

Opportunities for Resources

- Dedicated money for mental illness
- Kick starting funds
- Diversity

How can the state be most helpful without being a hindrance?

- Kendall County – using the WCH model was very successful
- Not enough leaders in the state to – local people should reach out to state coalitions
- Support Enhanced PE
- Regional Health Officers – local health officers at IDPH
- Affordable Housing
- The state acts less like a partner and more like they need to "control"

Mt. Vernon (Marion Region)

November 20, 2014
10:00am – 4:00pm
Holiday Inn, 222 Potomac Blvd., Mt. Vernon, Illinois
Participants: 57

Meeting Notes:

<u>Opportunities for Expanding Collaboration with State Agencies</u>

- Workforce development, recruitment and retention
  - Assistance in attracting child psychology to Southern Illinois
- Support
  - Broader reach and initiatives
- Technical assistance
  - Program/policy assistance
  - Provision of information on evidence-based initiatives and best practices
- RHO/support from the state
  - Coordinator and technical assistance positions
  - Get to know new state directors of departments
- Bi-directional communication
  - Communication about state efforts that impact locals
- Uniformity
  - Rules and standards
  - Certification, payment structure, etc.
- Collaboration/Invited to the table
  - Listening sessions
  - Opportunity for interaction with other/new agencies
  - Accounting for local expertise
  - Working with rural departments and communities
- Sharing data
  - State to develop data/success sharing portal

<u>Opportunities for Expanding Collaboration with Regional Partners</u>

- Incentives based on population or region or participation
  - Offering incentives for collaborative efforts
- Enhanced payment for participating providers
- Better communication in a more structured way to enhance collaboration
  - Communicate existing efforts by advertising and telling "our story"
- Financial "safety net" – go with where the money is at the moment to continue work

Resources Which Support Local and Statewide Collaboration Efforts

- Communication/collaboration
    - Increased collaboration with agencies
    - Stronger relationship with state partners
    - Keeping stakeholders in communication loop
- More technical assistance
    - Facilitates collaboration and grant application
    - Timely data and feasible access
- Funding/Simplifying funding process
    - Consistent long-term grant opportunities
    - Top-down integration of rules, universal forms, and same payment levels and structures between public health, behavioral health, medical and other providers
    - Specific designated funding to implement IPLAN/SHIP priorities
    - Less prescriptive in order to cater to community needs
    - Less categorical funding and more global funding
    - Financial help targeted to local/regional entities leading collaborative with capacity building

Maryville (Edwardsville Region)

December 2, 2014
10:00am – 4:00pm
Anderson Hospital Physicians Office Building
6800 State Route 162, Classrooms 1, 2, 3, Maryville, Illinois 62062
Participants: 74

Opportunities for Expanding Collaboration with State Agencies

- Policy development
  - Health and jobs in all policy
  - Enhance/improve health of community
- Data sharing
  - Technology and data support
  - Computer-based programs/communication
  - Current data for small and rural that are workable and meaningful to community stakeholders
- Community empowerment
  - Use local health departments to facilitate initiatives at the local level
  - State agencies should improve partnerships and work efforts with other state agencies for effective collaboration
  - Increased technical assistance and direct line of communication
  - State agencies used to see providers as actual partners, not simply "contractors of services" who need to follow directions
  - Increase openness and partnerships of state agencies toward the private and nonprofit communities
- Improve communication and education
  - LHDs and IDPH could do more talking and planning and identifying together of needs and solutions
  - Higher education instruction of educators is needed so teachers feel "versed" and qualified to address areas of high risk in youth
  - Knowing about the current collaboration efforts and being invited to the table

Opportunities for Expanding Collaboration with Regional Partners

- Defining potential region partners
  - Currently there are different definitions of region
  - Forming alliance across state boundaries to truly work toward collective impact

    - Use local health departments who already have relationships and partnerships in the region
    - Build and continue existing relationships
- Technology
    - Utilize for meetings and moving partnerships forward
    - Increase shared data
- Communication
    - Need to provide opportunities that cross funding/regulatory silos for providers to interact in a collective way
    - Always look for opportunities to work with partners (e.g. common needs and goals)
    - Open doors with non and for-profit entities to access $, staff, resources, contracts, while avoiding competition issues
    - Collaborate on community needs assessments and fulfilling those needs – pool resources
    - Make collaboration condition of all grants

<u>Resources Which Support Local and Statewide Collaboration Efforts</u>

- Better utilization of local partners
    - Set aside personal and professional gain
    - Use the expertise at the local level to help solve local problems
    - Less micromanaging of IDPH programs by IDPH to LHD's
    - Working with Federal military and VA health programs and initiatives
- Increased training
    - Training in coalition planning and sustainability
    - Onsite visits by members of committees to see what organizations are doing after suggestions and identify needs
- Increase use of technology and technology assistance
    - Some type of database so that it would be easier to find partners and opportunities to collaborate
    - Incorporate technology to facilitate communication
    - Access to data that is up to date, statistically significant and include realistic timeframes
        - Example: programs cancelled before measurements can be made
- Funding
    - Large block grant funding from IDPH for LHD's to tailor to the needs, acceptance, and appropriateness to each county
    - Funding for educational opportunities
    - Combine community funding
        - Grants to communities and agencies
        - Share risk

Resources to Share

- Newsletters

Rosemont

December 3, 2014
10:00am – 4:00pm
Donald E. Stephens Convention Center
5555 North River Road, Rosemont, Illinois 60018
Participants: 152

Meeting Notes:

Opportunities for Expanding Collaboration with State Agencies

- Transparency/Integration across state agencies
    - Increased transparency at state level
    - Strengthening communication across state agencies
    - Less top-down and more grassroots-up decision making
- Collaborative networking
    - Involving managed care organizations in initiatives to leverage this resource
    - Including faith community in local areas
    - Collaborations with researchers at academic institutions to design and evaluate studies on the effectiveness of state agencies
    - Recognizing other projects and resources that have been done and using best practices based off them
    - Fostering or facilitating connections between insurers and local regional health collaborative
    - Leveraging the social capital and community connections of CBOs to improve programs and policies
    - More of a bottom-up approach
    - Integrating health programming and planning with city and regional planning
        - Example: with CMAP Metropolitan Planning Council
- Address social determinants
    - Supporting workforce development particularly among minorities
        - Specifically strengthening the CHW infrastructure in IL
    - Mental health support in the community
    - Health access for undocumented
- Data Access/Sharing
    - Sound processes for information exchange
    - Data that is available to state and MCOs should be available to all
    - Community health needs assessments

Opportunities for Expanding Collaboration with Regional Partners

- CHA/CHIP
  - Assistance with Title V needs assessment
  - Collaboration between hospitals and IHD in CHIP efforts
  - Community health needs assessments
  - Integrated assessment (CHNA and CHA) projects for a jurisdiction
- Structure
  - Virtual villages versus physical structure
  - Creating a space for collaboration
- Services and Collaboration
  - Improve access (i.e. undocumented, mental health, child visits)
  - Collaboration on needs assessments
  - Advocating for better access for behavioral healthcare, access for undocumented, and head start programs
  - Knowledge of what gaps there are in services and how these services can be funded
- Communications/Referral
  - Connect health care providers and social service agencies
  - Increasing awareness of what they are, do, and why they are important to the health of communities and how stakeholders can engage with them
- Data/Health Information Exchange
  - HIE process that is real time allowing medical homes to act/intervene/improve based on analytics
  - Sharing of data from health providers (HOS, MCO) to policy plans (CMAD)
  - Greater information exchange to help identify synergies
- Training of Different Agencies
  - Cross-partner training at conferences
  - Regional faith organizations and conferences
  - Regional partners: Need opportunities to network and learn mission overlap
  - Need more information about partner events/trainings/conferences
  - Including academic researchers in collaborations to design and evaluate studies on the effectiveness or regional collaborations

Resources to Support Local and Statewide Collaboration Efforts

- Resource allocation
  - Promote equity, majority of resources need to go to communities in need
  - Health access for undocumented
- Convening/Networking
  - Community/grassroots groups doing the same efforts to support and cheerlead
  - Other groups attention and commitment to a collaborative effort

    - More opportunities to convene unlikely partners
    - Access/Interact with community development financial institutions
    - State-wide CHW coalition, not just Chicago-based
    - An umbrella entity with the purpose of bringing groups together around specific issues/interests
- Collaboration/Collective impact
    - Standardized programs to address common health problems
    - More unified approach to childhood obesity across state, healthcare and community agencies use fragmentation and need state insurance to cover nutrition counseling by registered dieticians
    - Funding for backbone support for collaborative or collective impact
    - Funding for evolution of behavioral health provision/integration in primary care
    - Resource of not for profit and for profit institutions including environment by region or area that can be used by healthcare providers

<u>Resources to Support Collaboration Efforts</u>

- Communication
    - Local media as partners
    - Create stories site for state to intake and disseminate
    - Link Medicaid clients so they can be tracked from "traditional" Medicaid to MC Medicaid
- Data/Resource website
    - More informative websites from providers/organizations
    - Health websites, conferences, email blasts to local organizations etc.
    - Collaborative electronic sharing but not list-serve or email blasts (overwhelmed with those already)
    - Channel resources into virtual villages
    - Database of resources to refer people to
    - Where primary care providers know where to find outside streamlined referrals

<u>Resources to Share</u>

- CLESE Language translation/interpretation service
    - 312-461-0812
    - Shannon@clese.org or marta@clese.org
- https://data.illinois.gov/

<u>Questions</u>

- Is Illinois applying to the federal government to have federally qualified behavioral healthcare centers?

Peoria

December 9, 2014
10:00am – 4:00pm
The Gateway Building, 200 NE Water Street, Peoria, IL
Participants: 66

Meeting Notes:

Opportunities for Expanding Collaboration with State Agencies

- Medicaid funds available to community based providers who provide preventative care
- IDPH collaboratively with DHS, especially DMH and DASA. Behavioral health should be part of the overall public health discussion
- Successful outcome history, focused on social determinants
    - Weave social determinants throughout state programs
- More training opportunities
- Data sharing collaboration with state and local, including local with state committees
- Hearing other's success stories

Opportunities for Expanding Collaboration with Regional Partners

- Shared databases
- Expanding employment and transition related services, legal and housing systems
- Mental health and substance abuse
    - Mental health centers and FQHC's collaboration on tele psychiatry, educating FQHs
- Trustful relationships with providers
    - Work with medical institutions that are located outside your area but your population utilizes
- Re strengthen lost relationships, build upon current relationships
- Develop learning clusters to try out best practice models and document success for possible funding opportunities

Resources to support local and statewide collaboration efforts

- More recovery support serv onsite training from DMH
- IT infrastructure
- Training
    - Increased funding for training and education
    - Courses on grant writing and other pertinent topic

Addison

December 18, 2014
10:00am – 4:00pm
Medinah Banquets
550 Shriners Drive, Addison, IL
Participants: 53

Meeting Notes:

Biggest opportunities for expanding collaboration with state agencies

- State Data/Infrastructure
    - Reduce Barriers for access to IDPH data sets
    - Text-based delivery of health info to targeted interest group
    - Integrated database for providers to access who serve populations supported by the state
    - User-friendly
    - Data sharing
    - Extractability
- Identifying & communicating with stakeholders
    - Establishing dialogue with those linked to disabilities (physical/mental/returning veterans/ and or aging population)
    - Engage stakeholders to share information (i.e. wellness/prevention) so that IL can bridge the gap of what we should eat & what we really do
    - Consistently providing updated knowledge & training communication!
    - Local-state public health dialogue about transformation implementation
- Technical support for collaboration
    - Human resources of large/small business around the issues of insurance/health care
    - Medicaid DSSC needs to work with schools to ensure care of medically fragile children is seamless
    - Using local collaborations to do pilots, then taking these to scale e.g. DD Health Care Pilot that Kevin Casey is in
    - Gaining adequate & equal representation from all sectors (i.e. state, local, HD, social service agencies, community/regional planners, health systems, etc.)
    - Engage individual medical practitioners & consumers in collaborations at state/regional levels.
- Alignment of incentives to support collaboration
    - Align SHIP with IPLANS to est. health improvement priorities

    - State led coordination and alignment to priority strategies to address health issues.
    - Coordination/promotion of community IPLAN strategies to facilitate implementation
    - Change incentives, changed structure -> TQI, State should focus on the first; if incentives are correct the market will follow
    - State should look at where is innovation actually happening, then insinuate themselves into that. State should be empire and scorekeeper then let the players play the game
- Outlier
    - More accurate measurement of obesity, BMI should be dropped in favor FORE www.pulleyourownweight.org

Resources to Support Local and Statewide Collaboration Efforts

- Data
    - A workable integrated database
    - Local health department to deposit and access data into local hospital EHR system
    - More data from IDPH – lack of & slowness of data request responses result in repeated loss of grant funding
    - IDPH support for local health department, hospital, IPLAN, and CHNA
    - Collaboration – guidance, technical support, leadership
    - Funding to support software systems that communicate with each other (HER)
    - Better and more timely and open summary of data from state agencies
    - Stream lined information sharing
- Mentorship
    - A point person, agency, or system to coordinate collaboration in order to avoid duplication of unnecessary competition
    - Increase volunteer utilization & recognition encourages participation
    - Mentorship programs
- Repository of Info
    - State should ID where innovations efforts are happening and participate
    - Requirement via grants that organizations share best practices for common issues in a state repository (not reinventing the wheel)
    - I have noted some duplication of work due to a lack of collaboration & having the right people at the table. This is counterproductive to work loads & time ineffectiveness
- Mental Health
    - Mental health hospitals/inpatient units need to collaborate with schools or discharge planning to decrease readmission rate
    - We must have resources for our 10-14 year old population so their mental health needs are met
- Information Sharing

    - Convening summits & conferences
    - Involvement of key state personnel
    - In local regional planning initiatives focused on particular issues
- Other
    - Increase involvement & support of disabilities initiatives

<u>Opportunities for Expanding Collaboration with Regional Partners</u>

- Obstacles
    - WIFM
    - Deeper understanding of authentic health integration
    - Inability to communication records electronically
    - The know your neighbor mindset: Many individuals or organizations don't truly understand "their neighbors" obstacles Information on the resource area
- Enhancing & Building collaborative efforts
    - Identify new collaborative assets eg. Faith communities, digital health
    - Utilize DuPage Federation and DuPage Health as a statewide model
    - Integration of local planning efforts – local health depts, hospitals, Ecom, Development, others – business
    - Tapping into existing collaborations & organizations to reach out to their client base in order for comprehensive community buy-in
    - Promulgating collaborative culture in other counties/regions
- Outliers
    - Public Health Consortium to help organization see population based needs
    - County Health Departments, School Health Consultants should be given more time to actively work with/at schools & school nurses

<u>Resources to Share</u>

- Break4Health.com

Resources

Please visit this website for more information about GOHIT's activities:
https://www2.illinois.gov/gov/healthcarereform/Pages/GOHIT.aspx

Please visit this website for general information regarding the We Choose Health initiative accomplishments, as well as SHIP planning and implementation processes:
http://www.idph.state.il.us/wechoosehealth/

Please visit this website for more information regarding the SHIP implementation process, as well as both the SHIP Priority Health Area Indicators and Regional Health Improvement Collaborative documents:
http://healthycommunities.illinois.gov/

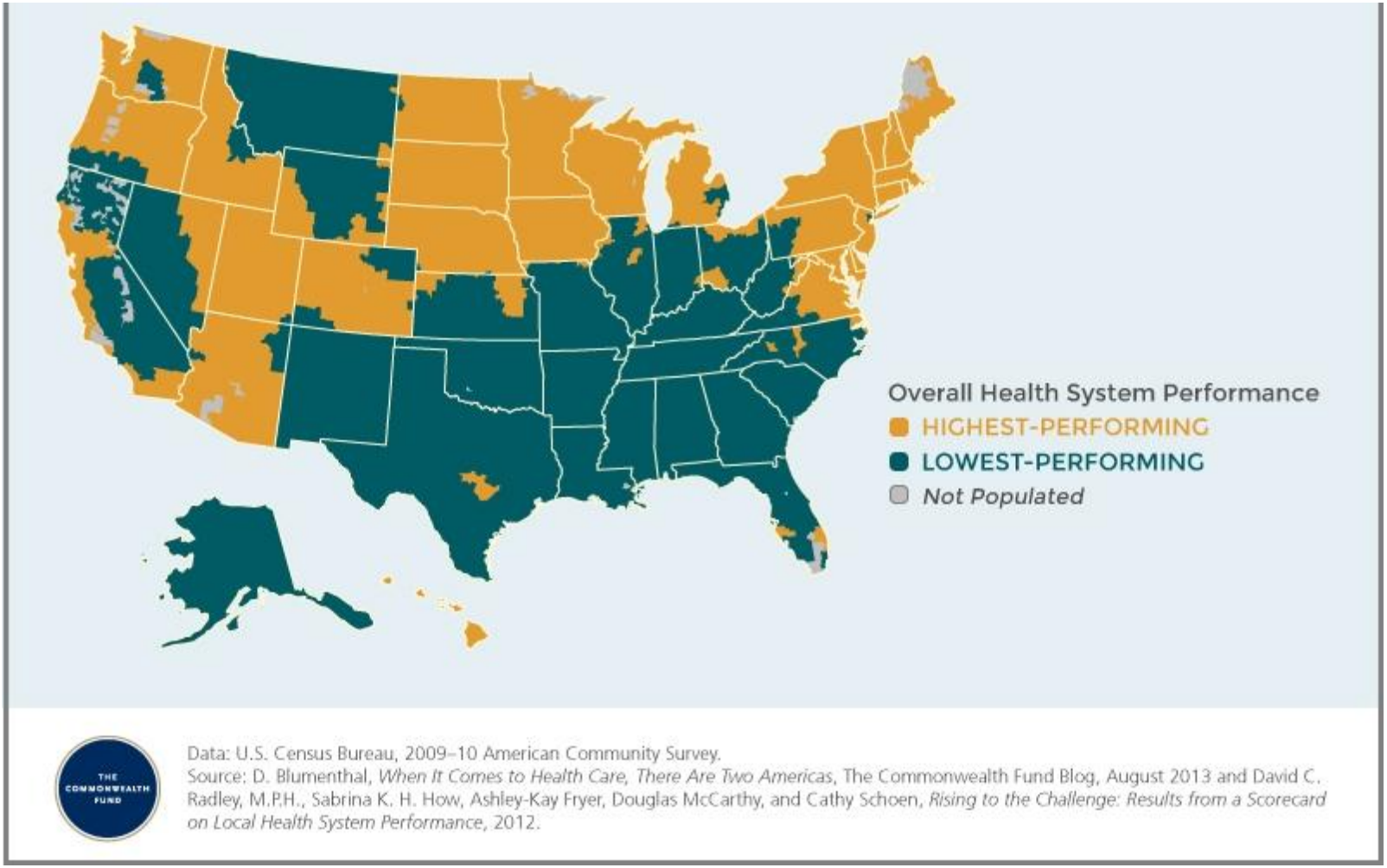
Attachments

GOHIT slides
IDPH slides
SHIP ICC slides

Illinois Governor's Office of Health Innovation and Transformation

Regional Meeting Presentation

Why Health Care Transformation is Needed



Why Health Care Transformation Is Needed

- The U.S. consistently rates poorly (currently 37th) on overall health system performance
  - infant mortality (39th)
  - life expectancy (36th)
- High costs/premiums—impact public and private sectors
- Traditional fee-for-service payment structure rewards providers for the volume of services they deliver, not the value of the care they provide.
- **Fee for service payments--**fragmented care, unnecessary costs, dysfunctional payment systems.
- Stakeholder dissatisfaction.

Triple Curse

- Poor health
- Dysfunctional delivery system
- High costs

Triple Aim

- Improve the health of the population
- Improve the health care delivery system
- Lower costs

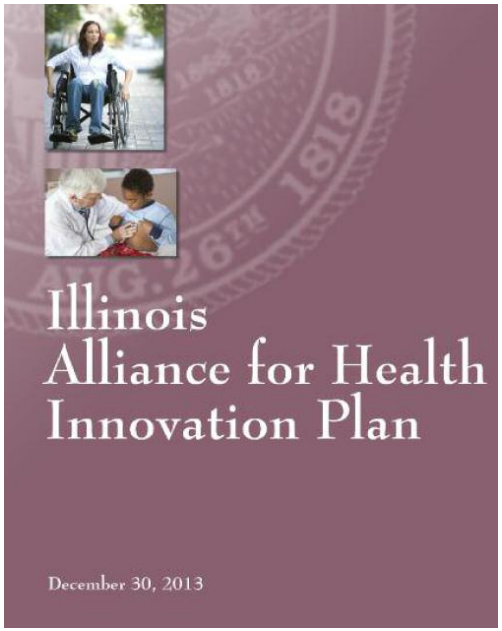
Governor's Commitment

- Transform Illinois' health care system
- Focus on improved health, wellness and prevention
- Help people achieve and maintain their highest level of independent functioning
- Provide support in the most community-integrated setting possible.
- Bipartisan legislation requires that at least half of Medicaid clients be served in risk-based, coordinated care systems by 2015.
- Executive leadership for healthcare transformation efforts

Alliance for Health

- 2013—Six month, $2 million State Innovation Model planning grant from the Center for Medicare & Medicaid Innovation (CMMI).
- Develop consensus for innovations necessary to achieve “triple aim.”

Alliance for Health Innovation Plan



Identifies five drivers to improve health, transform how health care is delivered and lower costs paid by:

- Medicaid
- Medicare
- Commercial insurance
- Large employers (self insured)
- Those remaining without insurance

Structure of the Planning Process

- Broad array of stakeholders
  - health care providers and insurers,
  - human service providers,
  - public health practitioners
  - community development advocates
  - Public sector—Cook County, University of Illinois.
- Governor's Office leadership with HFS, DHS, Aging, DPH, DFPR, DOI, DOC, DCFS, and OMB.

Alliance Plan's Key Innovations

Triple Aim

1. Improve the health status of people and their communities
2. Improve the efficiency and effectiveness of clinical care
3. Reduce costs to make health care more affordable

Objectives (Primary Drivers)

1	*2*	*3*	*4*	*5*
Create comprehensive, **integrated delivery systems**, along with **payment reform**s to support them.	Ensure **additional supports and services** for people with specific needs.	Enhance public health efforts focusing on **environmental and social factors** that negatively affect large segments of the population.	Ensure an **adequate workforce** that has the appropriate education, training and compensation to staff integrated delivery systems and enhance public health.	Expand the state's leadership role in promoting **continuous improvement** in public health and health care systems.

- Innovations could be accomplished through:
  - Medicaid waiver
  - Policy changes
  - Model Test funds
- All require extensive stakeholder engagement

Section 1115 Waiver

- Medicaid reform essential for improvements in health and lower costs
- Waivers must result in federal expenditures that are less than or equal to what would have been spent in the absence of the waiver over five years.
- Requires broad stakeholder engagement
- Submitted to federal government in June 2014
- Approval expected in ~~2014~~?

Medicaid 1115 Demonstration Waiver—Four Pathways

- Delivery System Transformation—IDS model, fewer and better
- Home and Community Based Service Expansion
  - Combination of separate disability-based waivers
  - Expansion of behavioral health services (children)
- Population Health integration
  - Regional Pop Health Improvement Collaboratives
- Workforce—GME, loan repayment, training

1115 Waiver

- Funding derived from
  - Costs Not Otherwise Matchable (CNOM)
  - Delivery System Payment Reform (DSRP)
- Must be cost neutral over five years.

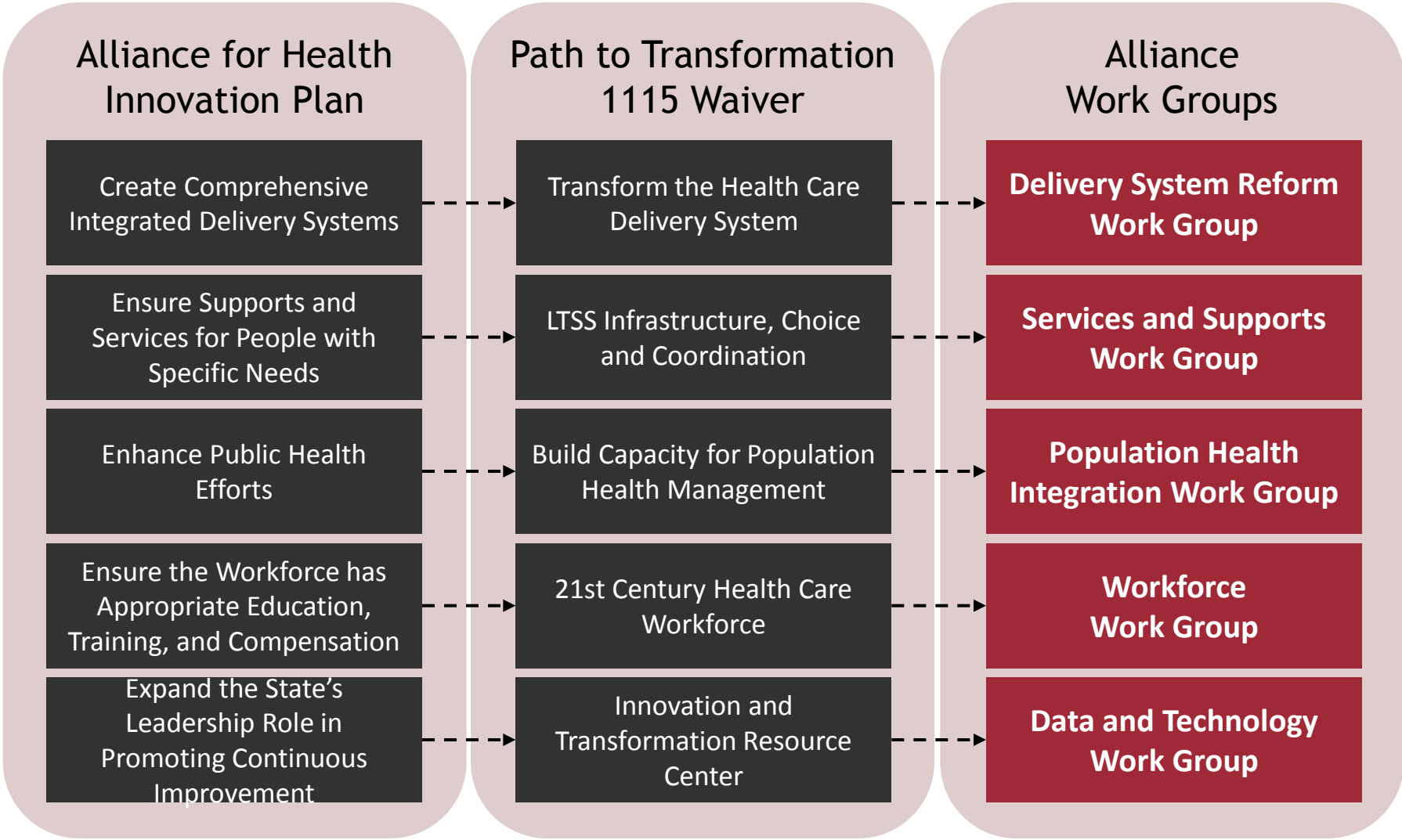
Policy changes

- Office of Health Innovation and Transformation
- Legislative Agenda
  - Community health worker certification pathway
  - Electronic Health Record facilitation for mental health and HIV/AIDS
- State agency adoption of consistent policies

Governor's Office of Health Innovation and Transformation

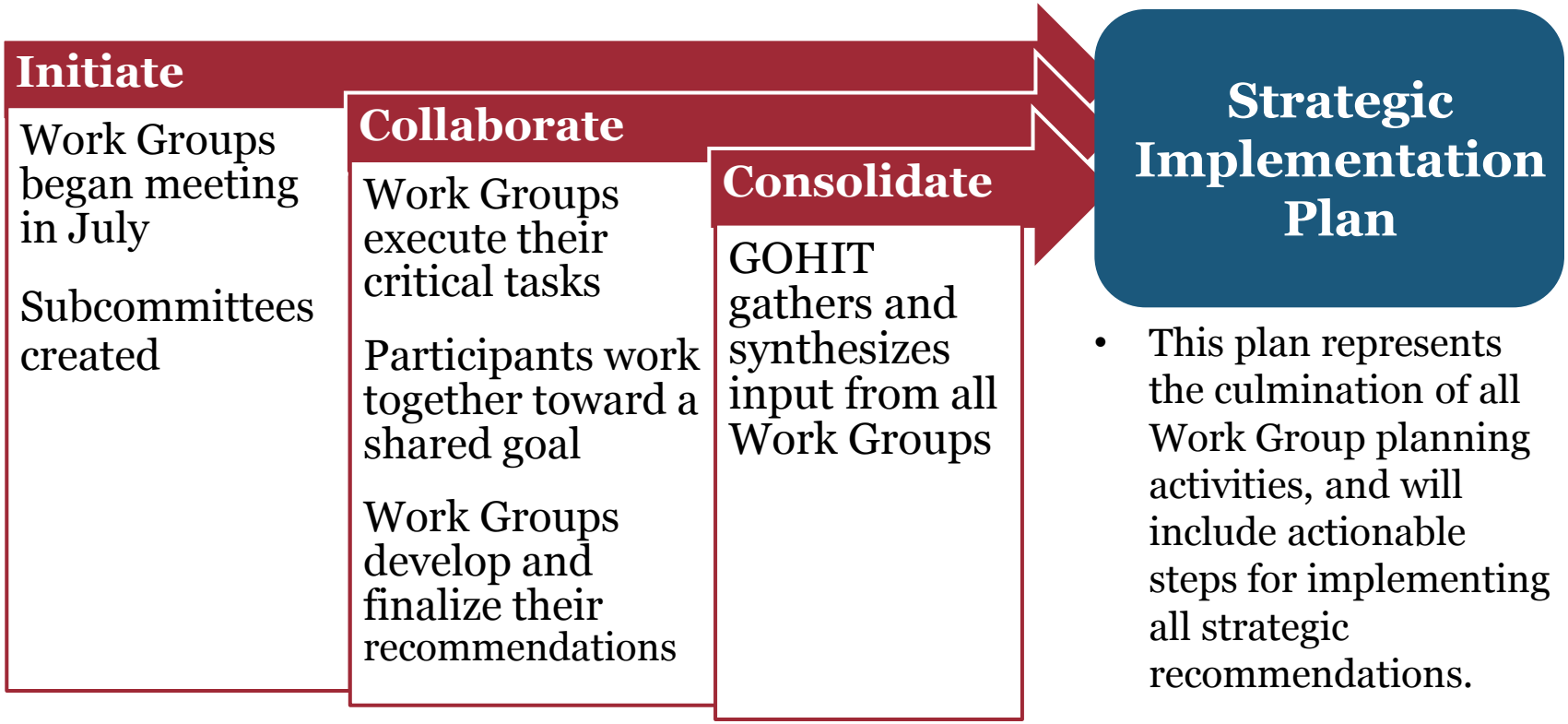
- The Governor established the Office of Health Innovation and Transformation (GOHIT) to lead effort to achieve the **Triple Aim**.
- GOHIT:
  - Lead state agency and private sector healthcare innovation and transformation initiatives
  - Engage stakeholders to implement Innovation Plan and 1115 Waiver
  - Support legislative initiatives that implement healthcare innovation
  - Lead interagency housing coordination efforts and long-term services and supports reform

Implementation Work Group Alignment



Implementation Work Groups

- The Implementation Work Groups are working toward a common goal, the development of a Strategic Implementation Plan



- This plan represents the culmination of all Work Group planning activities, and will include actionable steps for implementing all strategic recommendations.

Work Group – Integrated Delivery System Reform

Purpose

Recommend implementation strategies for transforming the fee-for-service payment and delivery system to an advanced system of care where patient outcomes and provider payments are aligned.

Tasks

- Align quality metrics for the Medicaid Managed Care plans and commercial carriers
- Develop Institution Transition Fund
- Health Homes (Section 2703 ACA, 90% FFP)
- Health care for the Undocumented
- Community Based Capacity-building

Work Group – Services and Supports

Purpose	Recommend implementation strategies to enhance the delivery system and full continuum of care for children with behavioral health needs. Develop an implementation plan that assures access to services and supports for individuals based on functional need, rather than solely on disability.	
Focus Areas – *Two Pathways*	Children's Behavioral Health	• Governance • Entry and access • Service array • Provider contracting and network • Service coordination and care management across governmental systems
	Long Term Services and Support	• Defining services across disabilities • Improving access to community LTSS • Integrating care delivery processes • Enhancing quality of service delivery

Work Group – Population Health Integration

Purpose	Recommend strategies for enhancing the ability of the health care system to engage in population health management by leveraging public health resources, and encouraging linkages between public health and health care delivery systems.
Focus Areas	• Regional Health Improvement Collaborative • Enhancing Population Health Management • Asset-Based Community Development • Coordination of Community Needs Assessments
Initial Tasks	• Development of Regional Health Improvement Collaborative • Asset-Based Community Development

Work Group – Workforce

Purpose

Recommend strategies for building a 21st century health care workforce that is aligned with the needs of the providers, addressing workforce shortages in high-need urban and rural areas, and preparing the workforce to practice in integrated, team-based settings in geographies and disciplines that are in the greatest demand.

Focus Areas

- Financial Incentives
- Teaching Health Center
- Health care Workforce Development
- Tele-Health
- Community Health Workers

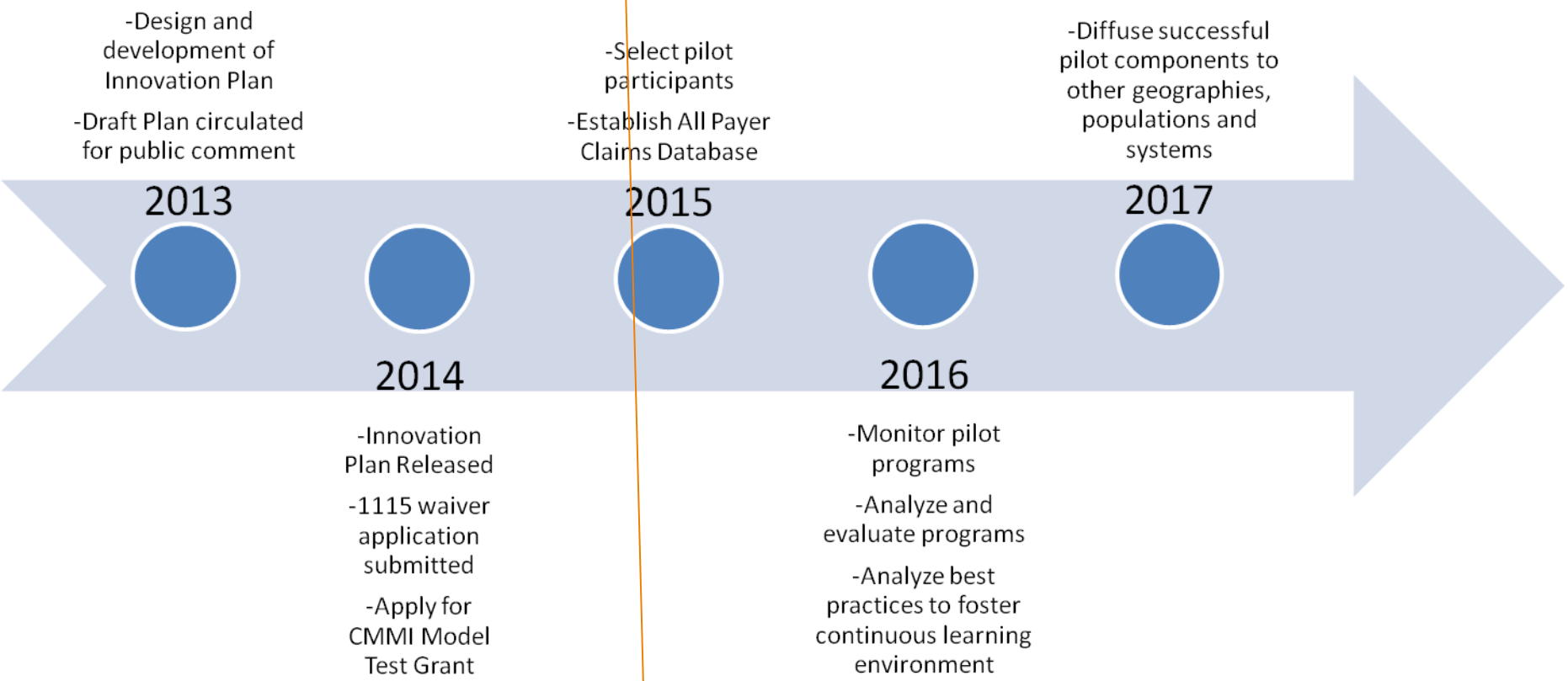
Initial Tasks

- Develop Health Care Workforce Loan Repayment Program
- Develop Bonus Payment Pool for critical access/safety net hospitals that establish loan repayment programs
- Develop Medicaid Graduate Medical Education (GME) Pilot Program
- Expand the use of Tele-Health

Work Group – Data and Technology

Purpose	Recommend strategies to ensure that data and technology are maximized, drive innovations in health care, and successfully integrate disparate services and providers.
Focus Areas	• Infrastructure • Policy and Governance • Resource Allocation
Initial Tasks	• Review health IT "bundle" recommended in Innovation Plan and prioritize functionality • Review survey responses of the Alliance Provider-Plan Work Group • Review progress on data and governance since Innovation Plan completion • Develop health IT criteria for Model Test sites • Recommend criteria and work plan to Steering Committee

Implementation Timeline



State Innovation Model (SIM) Test Grant

- Application submitted July 2014
- Would provide federal funding to assist in carrying out the initiatives of the Alliance Plan
- Illinois received $3 million additional planning grant

Local Impact of Healthcare Transformation

- Regional Health Improvement Collaboratives work with local health departments, communities, health plans and providers to promote policy, systems, and environmental changes that improve health
- Managed Care plans held accountable and engage with social support providers to help members reduce incidence and severity of chronic illnesses, including serious mental illness and/or substance use disorders and maintain stable housing
- Loan repayment programs, tele-health, community health workers, etc. expand access to care.

GOHIT Resources

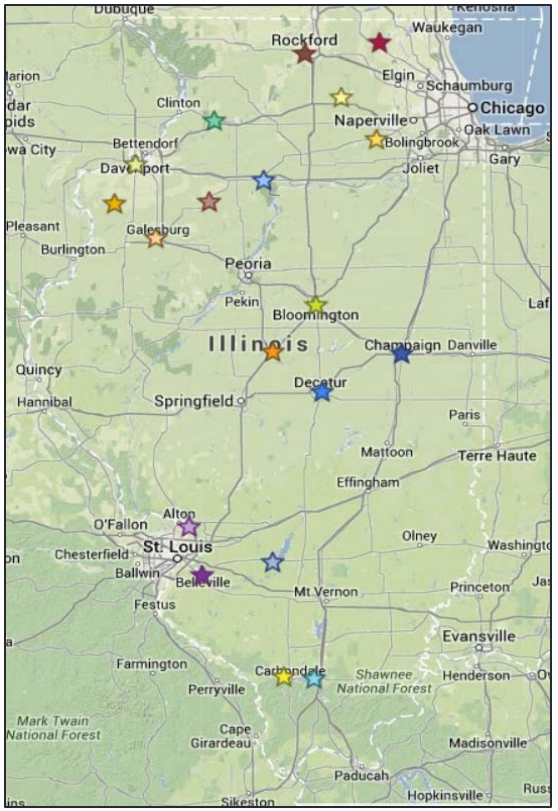
- Governor's Office Health Innovation and Transformation
  www.healthcarereform.illinois.gov

REGIONAL HEALTH IMPROVEMENT COLLABORATIVE (RHIC)

Illinois Department of Public Health

We Choose Health

- Illinois programs supported by Federal CDC Community Transformation Grant
- 19 sub-awardees reaching nearly 60 counties to establish policy, system and environmental changes that address:
  - Healthy Eating and Active Living
  - Smoke-free Living
  - Healthy and Safe Built Environment
- Healthy Hearts
- NAP-SACC

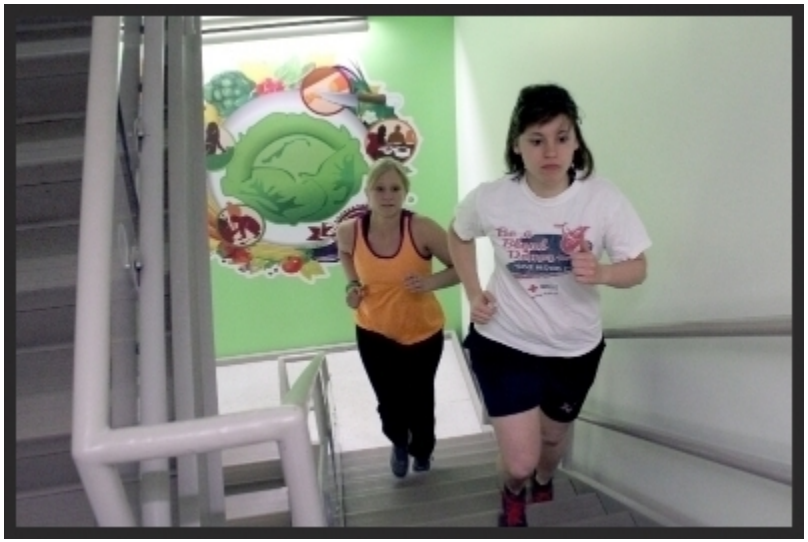


WCH Statewide Accomplishments

- Coordinated School Health:
  - 307 schools/districts with 141,412 enrolled students are implementing Coordinated School Health
  - Coordinated Approach to Child Health (CATCH) or Sports, Play and Active Recreation for Kids (SPARK) implemented in 208 schools impacting 70,691 students

WCH Statewide Accomplishments

- Worksite Wellness:
  - 88 employers implemented Worksite Wellness activities and initiatives in their agencies
  - 70 employers adopted sustainable Worksite Wellness to live beyond We Choose Health.



WCH Statewide Accomplishments

- Smoke-Free Public Places
  - 53 smoke-free outdoor public place policies adopted to build upon the Smoke-Free Illinois Act
  - 1,678,387 Illinois residents have access to 208 smoke free outdoor public spaces, 71.2% are parks.

WCH Statewide Accomplishments

- Smoke-Free Multi-Unit Housing:
  - 19 smoke-free multi-unit housing policies adopted
  - 9,147 Illinois residents living in 4,041 housing units will have access to smoke-free air, 72% live in public housing

WCH Statewide Accomplishments

- Safe Routes to School
  - 19 schools implemented Safe Routes to School efforts
  - Over 7,000 students the opportunity to walk and bike safely to and from schoo.

WCH Statewide Accomplishments

- Complete Streets
  - 10 Complete Streets policies or resolutions were adopted, reaching 219, 267 Illinois residents
  - An additional 102,918 residents will be reached when written complete streets policies or resolutions are adopted

WCH Champaign Region Highlights

Smoke-Free Campus
Champaign-Urbana Public Health District

Lincoln City Smoke-Free Parks
Logan County Health Department

County Departments Insurance Savings Program
Macon County Health Department

Several Worksite Wellness Programs
McLean County Health Department

We CHOOSE Health

WCH Rockford Region Highlights

Coordinated School Health
DeKalb County Health Department

Baby-Friendly Hospitals
Whiteside County Health Department

Safe Routes to School
Winnebago County Health Department

We CHOOSE Health

WCH Marion Region Highlights

Healthy Southern IL Delta Network

- Franklin-Williamson Bi-County Health Department
  - Franklin, Gallatin, Hamilton, Saline, White, Williamson
- Jackson County Health Department
  - Alexander, Hardin, Jackson, Johnson, Massac, Perry, Pope, Pulaski, Randolph,

Community Transformation Forum & Worksite Wellness

- 14 employers adopted new worksite wellness programs and policies as a result of the Forum

WCH Marion Region Highlights

South Central Illinois Health Coalition

- Bond
- Clay
- Clinton
- Crawford
- Edwards
- Effingham
- Fayette
- Jasper
- Jefferson
- Lawrence
- Marion
- Wabash
- Washington
- Wayne

Coordinated School Health

- Coordinated School Health and CATCH are now implemented in 78 schools
- 25 schools updated wellness policies

WCH Peoria Region Highlights

Smoke-Free Public Places
Knox County Health Department (Knox, Fulton, Mason, McDonough Counties)

Smoke-Free Public Places
Bureau-Putnam County Health Department

Smoke-Free Multi-Unit Housing
Henry-Stark County Health Department

We CHOOSE Health

WCH Peoria Region Highlights

Smoke-Free Public Places
Mercer County Health Department
(Mercer, Henderson and Warren Counties)

Smoke-Free Public Places
Rock Island County Health Department

Smoke-Free Public Places
Logan County Health Department

We CHOOSE Health

WCH West Chicago Region Highlights

Worksite Wellness
Kendall County Health Department

Safe Routes to School
McHenry County Health Department

We CHOOSE Health

WCH Edwardsville Region Highlights

Coordinated School Health
South Central IL Health Coalition
(includes Bond and Clinton Counties)

Complete Streets
St. Clair County Health Department

Smoke-Free Multi-Unit Housing
Madison County Health Department

We CHOOSE Health

Overview of the Regional Health Improvement Collaborative

- **Regional Health Improvement Collaborative:** A local model that integrates “population health management” and community health using the 10 Essential Public Health Services.

- Collaborative will share data and best practices with the Innovation Transformation Resource Center, the Alliance and IDPH.

RHICs will engage in processes to:

1) **Align** current planning efforts in the region

2) **Identify** target health priorities that address population and community health needs and ensure health equity

3) **Select** evidence-based clinical and community interventions to address health priorities, but also encourage innovative community interventions

4) **Align** community resources and assets

5) **Implement** interventions

6) **Evaluate** the interventions' effectiveness

RHIC Core Objectives

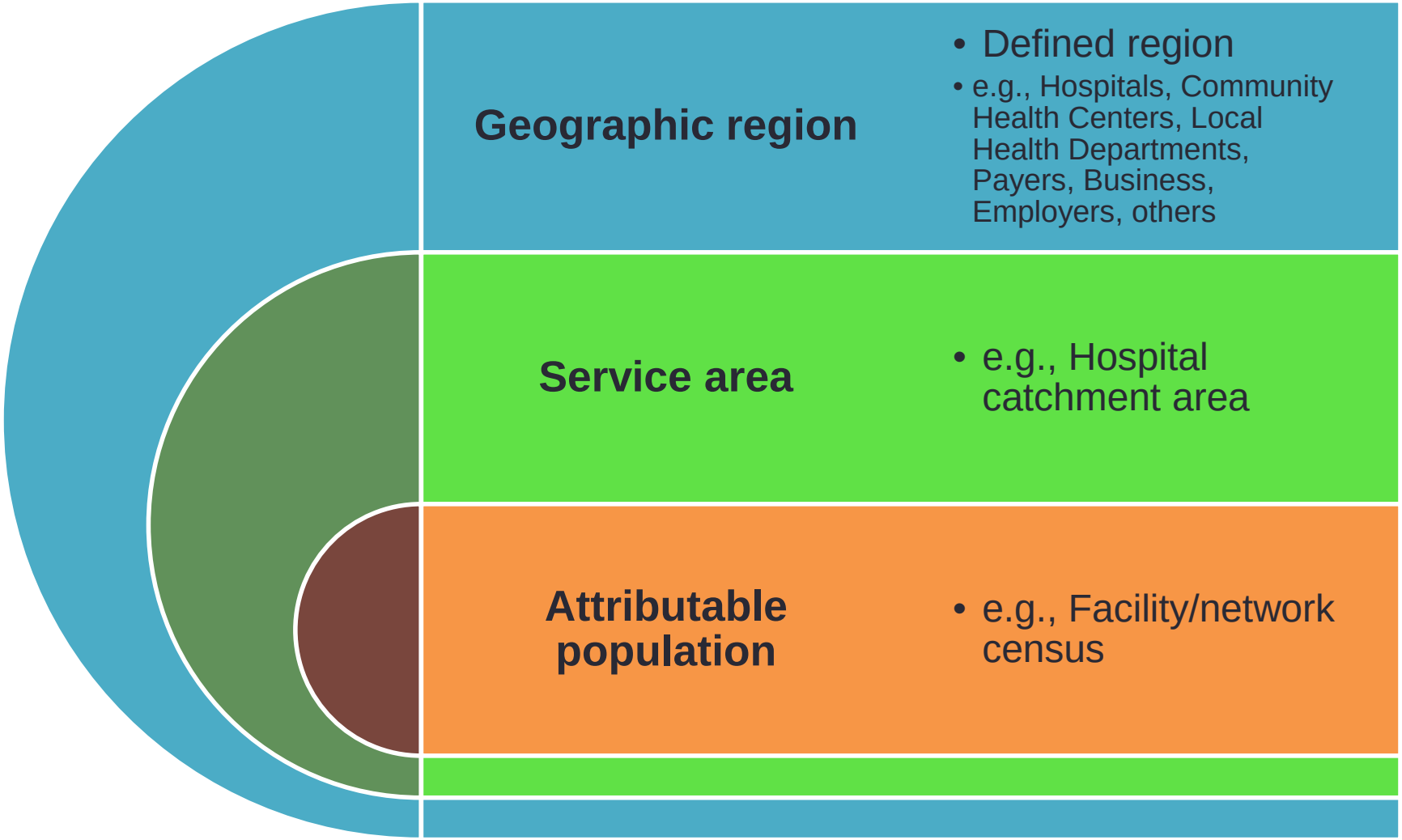
- Primary goals of improvement in the **health of populations** (including mental health) and achieving **health equity**, including improvement of **population management**, and **community health**
- Establishes c**ommunity engagement** through defining and addressing health needs
- **Aligned leadership** that recognizes that accountability for health outcomes is shared and bridges disciplines, programs, and jurisdictions to reduce fragmentation and foster continuity
- Identifies **priorities,** clarifies **roles**, and increases **accountability**
- Utilizes clinical and community **evidence and practice-based** approaches to improve health

RHIC Core Principles (con't)

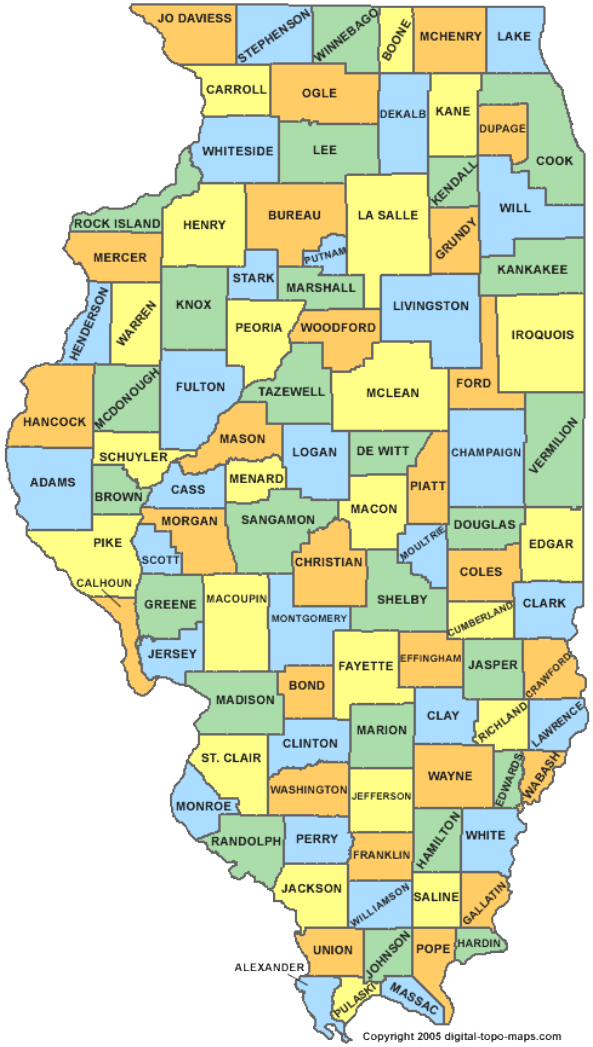
- Develops and supports appropriate **incentives**
- **Manages changes** effectively
- Provides **technical assistance** support to effectively implement interventions
- **Plan for sustainability**, key to the establishment of shared infrastructure to ensure enduring value and impact
- Establish **ROI** of community health interventions
- The **sharing and collaborative use of high quality data** (pooled from diverse public and private sources) in order to support robust clinical, epidemiologic and economic analytic approaches

Regional Collaborative

Beyond the Walls of the Facility



Example of a Regional Health Collaborative



Regional Health Collaborative

- 7 Public Health Departments
- 5 Community Health Clinics
- 13 Head Start Centers
- 3 Hospitals
- 3 Payers
- 10 Businesses
- 4 Employers
- 5 Social Service agencies
- Other stakeholders

Sample Core Health Indicators
Balanced Portfolio Examples

Health Area	Clinical Approaches	Community Approaches	Clinical Measures	Community Measure
Smoking (short-term)	•Screenings •E-referral •Medication	• Quitline •Smoke-free public places and multiunit housing •Enforcement of sales •Media & education campaigns	•Tobacco use assessment •Tobacco cessation intervention (Source: EHR)	•Smoking rates, adults (BRFSS) •Smoking rates, adolescents (YRBS) •Quit rates (BRFSS) •Quitline utilization
	•Support Health Collaborative •Multidisciplinary team-based care, including CHW			
Asthma (intermediate-term)	•Guideline based diagnosis, care and treatment, including •Action plans for all patients	•Home visits: Environmental interventions (dust mites, etc) •School nurse f/u	•Asthma assessment •Use of appropriate medications •Influenza vaccination rates (Source: EHR)	•ED visits (syndromic surveillance) •ED visit and Hospitalizations and costs •Avoidable ED visits (HHDB/AHRQ algorithm) Asthma attacks, asthma related missed school and activity limitation **(**BRFSS asthma call-back survey)
	•Multidisciplinary team-based education and care, including CHW, clinical telephonic consultation			

Investing in Population Health Improvement Costs for RHIC

State Support

- TA
- Project Manager/Liaison
- Coordinator
- Data Manager
- Epidemiologist
- Data enhancements*
- Grant Manager
- Training/Conferences

Regional Health Collaborative

- Local Manager
- Coalition Facilitator
- Lead Evaluator
- Convening/meeting expenses
- Consultant for governance structure
- EB-interventions
- Community Health Team(s)

ROI

- Consultant
- e.g., UIC economist

$$** **$$$** **$

Questions?

Thank you!

STATE HEALTH IMPROVEMENT PLAN (SHIP)

What is the Illinois SHIP?

- Lists priorities and strategies for health status and public health system improvement in Illinois
- Updated periodically by statute; next one due in 2016
- Most recent version created in 2010

- Vision: Optimal physical, mental and social well-being for all people in Illinois through a high-functioning public health system comprised of active public, private and voluntary partners.

Timeline

- 2010
  - Second Illinois SHIP released
  - ACA passes
- 2011:
  - SHIP Implementation Coordination Council (ICC) Convened
- 2013
  - Implementation report released
  - Alliance for Health Convened
  - Governor's Office for Health Innovation and Transformation (GOHIT) launched
- 2014
  - Alliance for Health Transformation Plan released
  - Planned statewide alignment activities

SHIP Vision

Optimal physical, mental and social well-being for all people in Illinois through a high-functioning public health system comprised of active public, private and voluntary partners.

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SHIP Priority Health Concerns

1) Alcohol/Tobacco
2) Use of Illicit Drugs/Misuse of Legal Drugs
3) Mental Health
4) Natural and Built Environment
5) Obesity: Nutrition and Physical Activity
6) Oral Health
7) Patient Safety and Quality
8) Unintentional Injury
9) Violence

(note: Health concerns are not ranked in priority order.)

SHIP Vision

Optimal physical, mental and social well-being for all people in **Illinois through a high-functioning public health system** comprised of active public, private and voluntary partners.

SHIP Public Health System Priorities

1) Improve Access to Health Services

2) Enhance Data and Information Technology

3) Address Social Determinants of Health and Health Disparities

4) Measure, Manage, Improve and Sustain the Public Health System

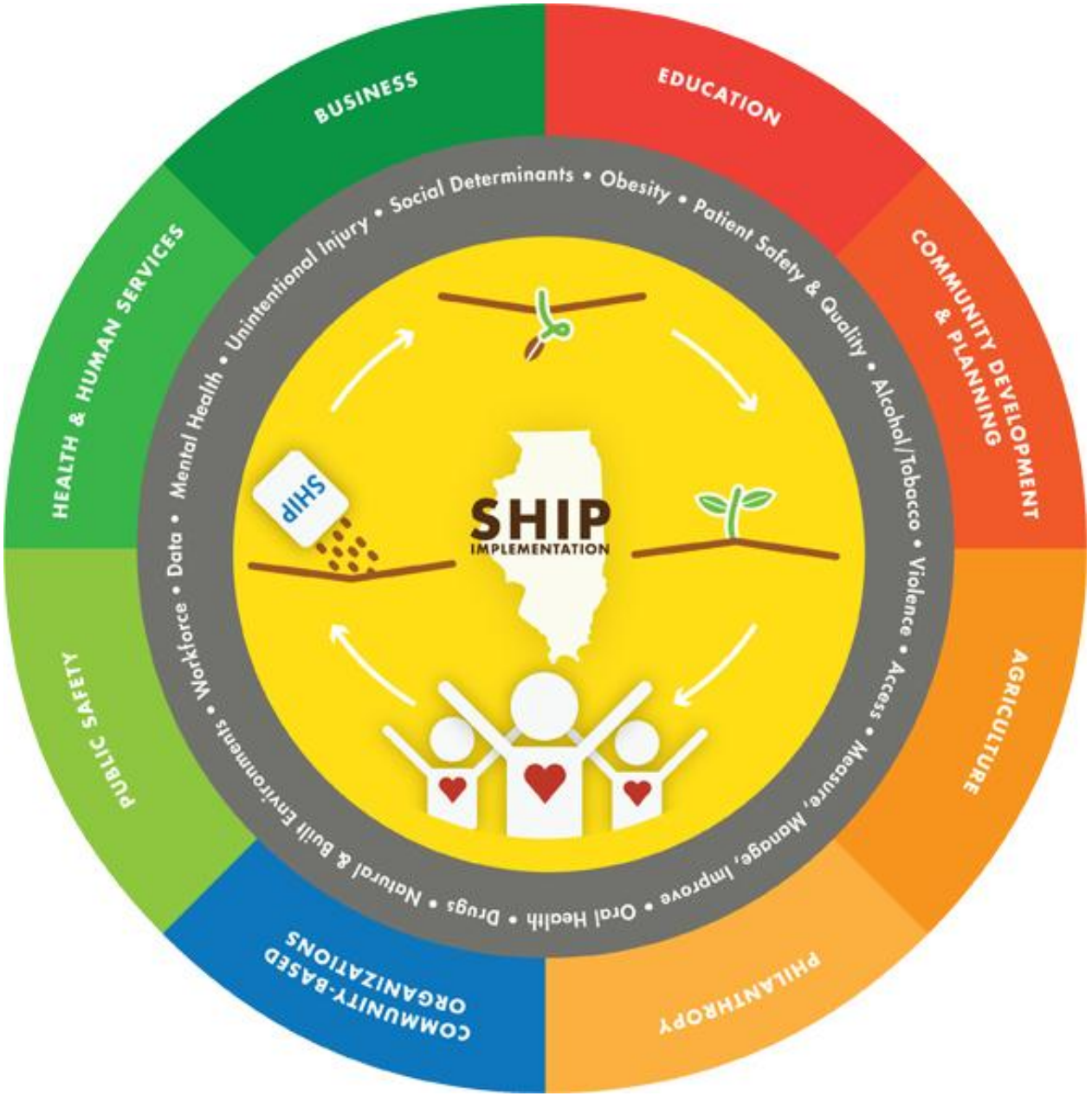
5) Assure a Sufficient Workforce and Human Resources

(note: System Priorities are not listed in priority order)

SHIP Vision

Optimal physical, mental and social well-being for all people in Illinois through a high-functioning public health system **comprised of active public, private and voluntary partners.**

SHIP Implementation Coordination Council (ICC) (Not Comprehensive)


BUSINESS
EDUCATION
COMMUNITY DEVELOPMENT & PLANNING
AGRICULTURE
PHILANTHROPY
COMMUNITY-BASED ORGANIZATIONS
PUBLIC SAFETY
HEALTH & HUMAN SERVICES
Unintentional Injury • Social Determinants • Obesity • Patient Safety & Quality • Alcohol/Tobacco • Violence • Access • Measure, Manage, Improve • Oral Health • Drugs • Natural & Built Environments • Workforce • Data • Mental Health
SHIP
SHIP IMPLEMENTATION

Timeline and Context

- 2010
  - Second Illinois SHIP released
  - **ACA passes**
- 2011:
  - Implementation Council Convened
- 2013
  - Implementation report released
  - Alliance for Health Convened
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SHIP Challenges

- Changes in the Federal landscape
- Changes in the Illinois landscape
- Commitment of priorities lacking alignment with commitment of resources

Timeline and Context

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2014 Health Transformation Summits

- Series of regional events bringing together local stakeholders to:
  - Engage with statewide leaders and learn more about SHIP, the Alliance for Health Transformation Plan, and GOHIT
  - Discuss and strategize about how to make progress on locally identified priorities using these resources and infrastructure
  - Create new and strengthen existing collaborative partnerships to pave the way for regional health improvement collaboratives and future funding opportunities
- First step in creation of SHIP 2016.

Other Key Initiatives

- SHIP ICC Report: Aligning Illinois for Health Improvement and Equity (available on SHIP ICC web site)
- We Choose Health
- SHIP Video Challenge
- SHIP Priority Area Metrics

SHIP Priority Area Metrics

- Key indicators to help inform policymakers and the public about progress on the SHIP Health Priorities.
- Snapshots, not comprehensive reporting
- Re-evaluated from time to time to consider their relevance and appropriateness; first revisions due by end of 2015.

Why is this important?

- For statewide policymakers:
  - Links concrete benchmarks to the SHIP priority areas for the first time
  - Informs evaluation of the current SHIP and planning for future SHIPs
- For regional and local stakeholders
  - Provides a mechanism by which stakeholders can gauge their local health status as related to the statewide plan
  - Provides a mechanism by which stakeholders can link their local efforts to the statewide plan
  - Provides a starting point for evaluating regional and local interventions and linking those interventions to the work of other partners

Preview

- ICC voted to approve on October 31.
- Final Version 1.0 document available soon at healthycommunities.illinois.gov

About the Document

- Includes Indicators and “report card” for nine priority health areas, plus access to care (indicators for other public health system priorities may come in future versions)

Report Card Example

Master List of Indicators with easy to understand color coding

6. Obesity: Nutrition and Physical Activity	
1. Decrease the percentage of obese adults	●
2. Decrease the percentage of obese adolescents	♦
3. Decrease the percentage of obese non-white children	**Variable**
4. Increase percentage of adults meeting standards for regular and sustained physical activity guidelines	**I**
5. Decrease percentage of adults eating less than three servings of fruits/ vegetables each day	●
6. Increase percentage breastfeeding at six months	■

■= On target

● = Not on target

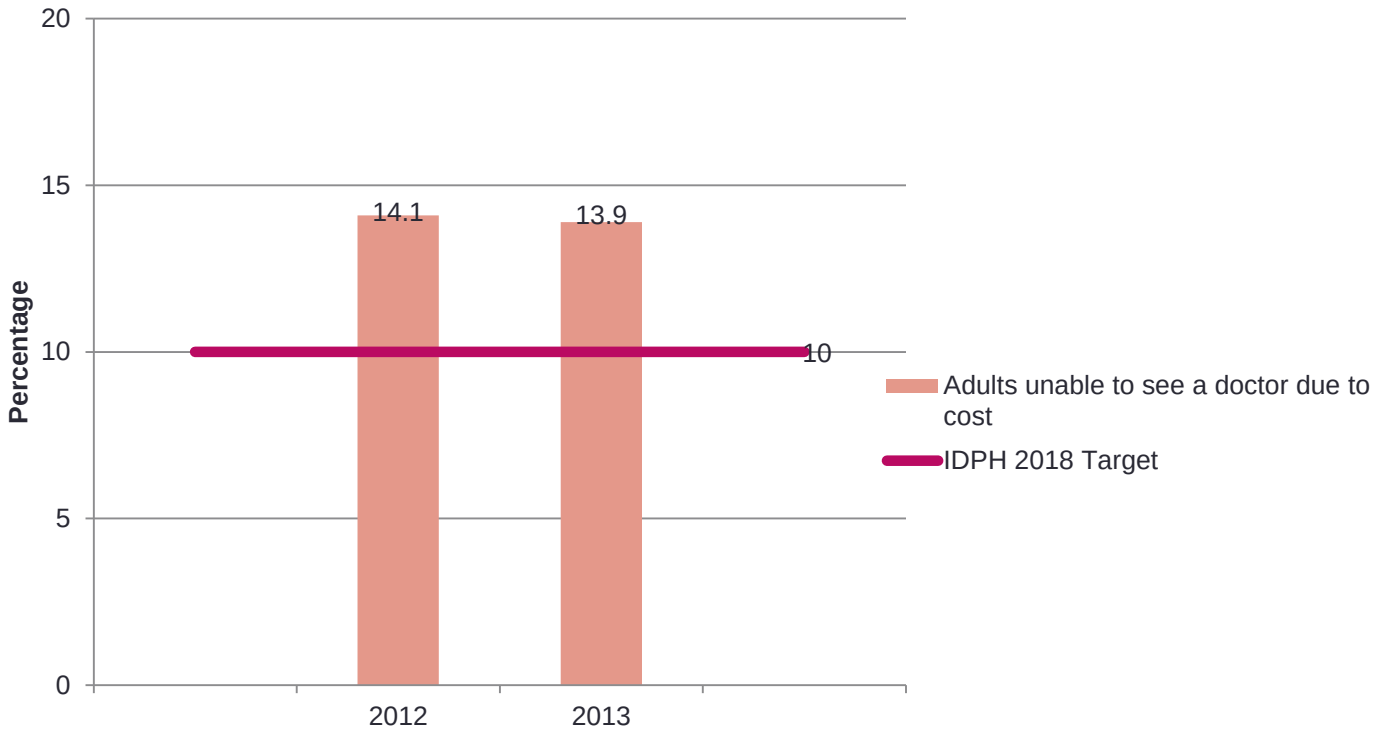
♦ = Progress is being made in some areas, but overall progress is slow or limited

I = Insufficient Data

Corresponding Charts

Each indicator has a corresponding chart, including data sources

Figure 1.3: Percentage of Illinois adults unable to see a doctor due to cost in the past 12 months



Indicators

Improve Access to Care

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Increase the percent of Illinois adults with health insurance	83.2% (2012)	100%	1.1
Increase the percent of adults that have a usual health care provider	82.8% (2012)	90%	1.2
Decrease the proportion of Illinois adults unable to see doctor due to cost in the past 12 months	14.1% (2012)	10%	1.3
Decrease number of health professions service shortage areas in primary care	260 (2012)	200	1.4
Reduce percentage of children without any health insurance coverage	7% (2011-2012)	5%	1.5

Alcohol/Tobacco

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Lower the percent of adults engaging in binge drinking	21.6% (2012)	20%	2.1
Percentage of former smokers who quit for a year or more	59.5% (2011)	80%	2.2
Decrease the percent of smoking tobacco use among adults	18.0% (2012)	12%	2.3
Lower tobacco initiaton among youth (12-17 years old)	6.4% (2006-2007)	5%	2.4

Use of Illicit Drugs/Misuse of Legal Drugs

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Reduce adult illicit drug use, adults	8.43% (2010-2011)	7.1%	3.1
Reduce youth illicit drug use, Aged 12-17	10.18% (2010-2011)	8.0%	3.2
Decrease mortality rates from illicit drug use	10.5% (2010)	9.5%	3.3
Decrease marijuana use in youth	38.4% (2011)	30%	3.4
Decrease use of inhalants in youth	9.8% (2011)	7%	3.5

Mental Health

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Decrease mortality rates due to suicide	9.2% (2010)	8.5%	4.1
Percentage of Illinois youth receiving needed mental health treatment in last 12 months	53.0% (2010)	70%	4.2
Decrease percentage of adults with 8-30 mentally unhealthy days within a 30-day period	14.4% (2012)	12%	4.3

Natural and Built Environment

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
With utilization of bike pathways, increase the percent of commuters who bicycle to work	0.5% (2007-2008)	1.0%	5.1
Decrease percentage of children tested with confirmed blood lead levels of greater than 10 ug/dl	2.231% (2008)	1.5%	5.2

Obesity: Nutrition & Physical Activity

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Decrease the percentage of obese Illinois adults	27.7% (2012)	20%	6.1
Decrease the obesity rates in children	20.7 (2007)	15%	6.2
Decrease percentages of non-white obese/ overweight children	Variable (2007)	15%	6.3
Increase percentage of adults meeting standards for regular and sustained physical activity guidelines	44.1% (2013)	50%	6.4
Decrease percentage of adults eating less than three servings of fruits/ vegetables each day	42.1% (2007)	35%	6.5
Increase breastfeeding rates at six months	36.0% (2010)	50%	6.6

Oral Health

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Decrease percentage of Illinois children (1-17 years old) with tooth decay or cavities	20.7% (2007)	10%	7.1
Increase percentage of children preventative dental visits	80.5% (2007)	85%	7.2
Increase percentages of children with excellent or very good oral health	71.1% (2007)	80%	7.3
Increase percentages of non-white children with excellent or very good oral health	Various (2007)	80%	7.4

Patient Safety & Quality

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Reduce the number of central-line associated bloodstream infections	0.544 SIR (2012)	0.25 SIR	8.1
Increase percentage of adults ages 65+ who have had a flu shot in the past year	52.5% (2012)	70%	8.2
Decrease total number Clostridium Difficile Infections (observed)	4,620 (2012)	4,000	8.3
Increase percentage of children (19-35 mos.) with combined vaccine series coverage	66.8% (2013)	75%	8.4
Increase percentage of adults (aged 50+) who have ever had a sigmoidoscopy or colonoscopy	61.7% (2010)	70%	8.5

Unintentional Injury

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Reduce mortality rates due to motor vehicle accidents	8.2 (2010)	8 per 100,000	9.1
Increase the percent of observed seatbelt use	92% (2010)	95%	9.2
Decrease total fall deaths in elderly (per 100,000)	44.3 per 100,000 (2010)	30 per 100,000	9.3

Violence

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Reduce Homicide Rates Ages 10-24 Years	11.0 (2010)	9.5	10.1
Reduce Homicide Rates Amongst Non-White Persons Ages 10-24 Years	Variable (2006)	9.5	10.2
Reduce Percentages of Teens Participating in Physical Fights	33% (2009)	25%	10.3

More Information

- SHIP Implementation Web Site: http://healthycommunities.illinois.gov/