

DRAFT VISION FOR HEALTH TRANSFORMATION



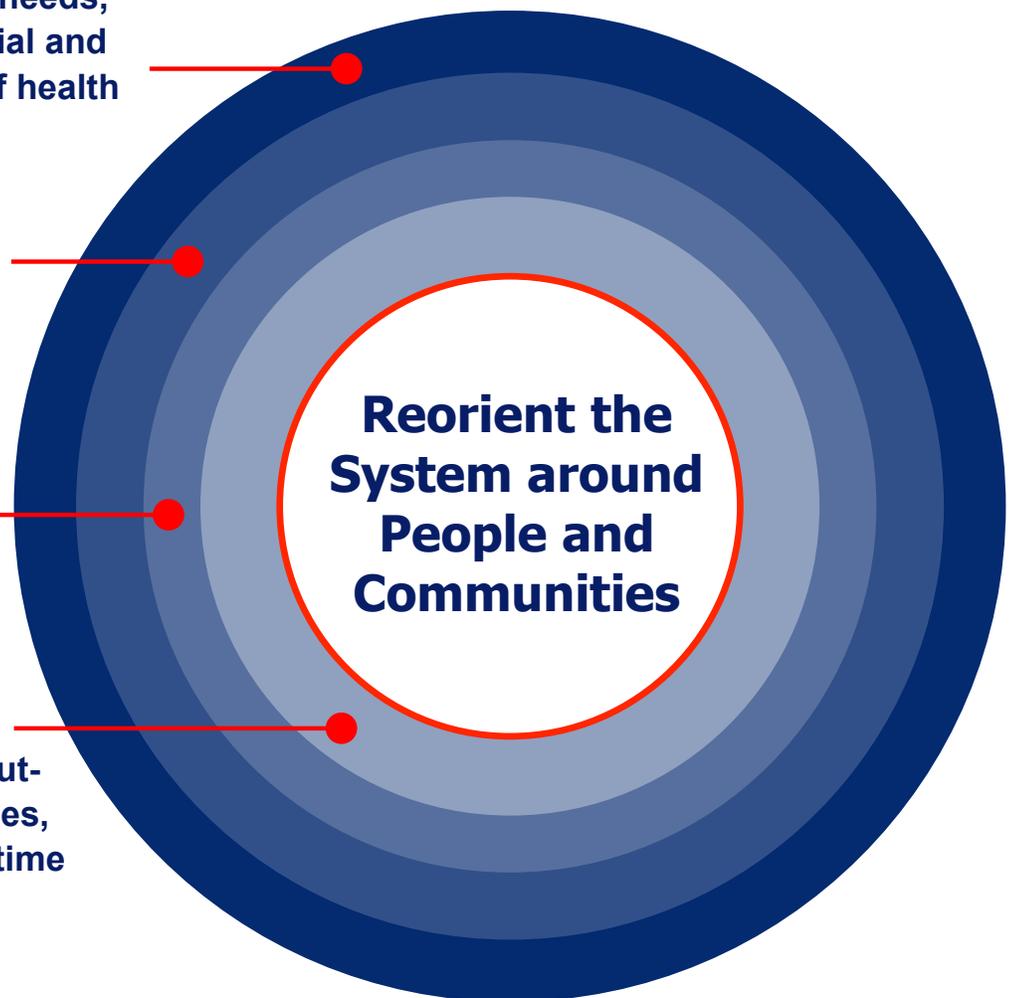
*We've done a lot of research and listening to customers, as well as providers and advocates, in communities in Illinois. The "status quo" is not getting the results people want or deserve, as evidenced by poor health outcomes in areas all over the state. Social inequities amplify disparities in health and poor outcomes in distressed communities. We've seen this played out in real-time as COVID has disproportionately impacted distressed communities. Since social determinants of health account for at least 50% of a community's health outcomes, we need a new plan that addresses these social determinants while bolstering services and jobs, especially in distressed communities. We will continue to engage with communities and focus individual projects on addressing needs. To address these issues and truly transform health, we need **to re-orient the system around people and communities.***

Look beyond the four walls of a hospital and focus on community needs, including addressing social and structural determinants of health

Improve health and wellness for individuals and communities

Tailor solutions to meet the unique needs of individual communities

Invest in projects, large and small, that improve outcomes, decrease disparities, and are sustainable over time



Reorient the System around People and Communities



As the largest purchaser of health care in the state, HFS is looking at this broadly across the health care ecosystem in order to ensure **better outcomes and holistic care for customers** – no matter if provided in a safety net hospital or a substance use treatment facility.

\$150M is set aside in FY21 and we propose to begin quickly in two ways:



1 PILOTS / PLANNING GRANTS TO SAFETY NET AND CRITICAL ACCESS HOSPITALS AND MINORITY-OWNED BUSINESSES OR DIVERSE COLLABORATIONS*:

- ✓ One-year limit with monthly reporting that will be posted on HFS website
- ✓ Must include at least one unrelated specialty or behavioral health partner or CBO
- ✓ Goal of pilot must be re-imagining the way communities are served
- ✓ Health equity must be a primary focus and measured with clear goals and metrics
- ✓ Successful pilots will create a pipeline for future funding



2 CRITICAL HEALTHCARE WORKFORCE DEVELOPMENT FOCUSING ON DISTRESSED AREAS:

- ✓ Culturally competent and reflective of community served
- ✓ Loan Repayment in early years
- ✓ Recruitment and scholarship awards in the future

***Preference should be given to proposals that:**

1. Include safety net or critical access hospitals, as well as unrelated providers of medical, behavioral, and social services
2. Include non-state funding (corporate, philanthropy, etc.)
3. Test collaborative models of payment and care
4. Have a 3-4- year path to sustainability of services with consistent, verifiable outcome improvements

Project Criteria

- Focus on improving outcomes and reducing health disparities
- Based on community needs and input
- Data driven in its design
- Identified goals and measurable metrics and outcomes, including ones that address equity / reduce disparities
- Ensure that needed services are enhanced (not reduced), e.g. behavioral health, diagnostic care and other specialty access, timeliness of appointments
- Prepared to undergo a racial equity analysis by the Department’s contractor
- A collaboration among multiple providers at all levels of the delivery system
- Promote further integration of care through enhanced communication using technology
- Emphasize primary and preventive care
- Address both physical and behavioral health including substance abuse
- Address social determinants of health
- Are designed to be sustainable with utilization-based payments
- Has verifiable project milestones for continued funding