

Advancing Health Equity Learning Collaborative **Request for Applications** **2022**

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Part I. Overview

Participating Organizations

Advancing Health Equity: Leading Care, Payment, and System Transformation is a program funded by the Robert Wood Johnson Foundation based at the University of Chicago and conducted in partnership with the Center for Health Care Strategies and the Institute for Medicaid Innovation.

Key Dates

July 15, 2022	RFA Posted
July 25, 2022, 2-3:30pm CT	Informational Webinar
July 18 - September 23, 2022	Applicant Workshops
August 22, 2022	Letter of Intent Due
September 23, 2022	Application Deadline
October 31, 2022	Notification of Decision

Part II. Description of Opportunity

Background

The Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) program's Learning Collaborative offers technical assistance to multi-stakeholder, state-based teams comprised of state Medicaid agencies, Medicaid health plans, health care provider organizations, Medicaid members, and community organizations partnering to advance health equity. The Learning Collaborative began in 2018 with seven teams that will continue to participate in the next phase described below. We provide training, technical assistance, and cross-team learning opportunities to help teams design and implement equity-focused health care transformation interventions supported by integrated payment models.

Our goal is to help teams foster accountability to measure and make progress on their journey to advance health equity. AHE intentionally and explicitly utilizes a race-forward, intersectional approach to advance health equity, to help others have a fair and just opportunity to be as healthy as possible. The Learning Collaborative facilitates activities with teams so they can identify racism at the individual, institutional, and structural levels driving health inequities and take action to eliminate it. We support teams in creating care delivery interventions and payment solutions that are designed to address underlying factors related to racism and intersecting forms of oppression that value and incorporate patient and community voice.

Key Definitions

Key definitions related to the program include:

Health Equity

Health equity is when everyone has a fair and just opportunity to be as healthy as possible. This requires improving access to the conditions and resources that strongly influence health such as health care, education, safe housing, and freedom from discrimination (Braveman et al., 2017). Health equity for groups who have been excluded or marginalized requires a focused commitment to eliminating health disparities, which are differences in health care processes or health outcomes. Acknowledging and reducing or eliminating health disparities helps us progress towards achieving health equity.

Antiracism

Because the health care system was created within a society rife with structural racism, meaningful health equity reforms require being actively antiracist. Antiracism refers to daily action to uproot racist ideas, behaviors, and policies within our culture and organizations. Being antiracist is more than simply not being racist. It requires ongoing commitment to not only advocate for racial equality, but taking action to achieve it. Integrating antiracism in an organization is every person's responsibility. The AHE team is actively exploring what this means for our work and for the Learning Collaborative as we begin to embed a culture of antiracism within our own organizations.

Purpose

The purpose of the program is to create an environment where policy makers, payers, health care delivery organizations, patients, and community members coordinate and align their activities to achieve health equity. The AHE technical assistance team, comprised of the University of Chicago, the Center for Health Care Strategies (CHCS), and the Institute for Medicaid Innovation (IMI) will offer support and capacity-building services to teams of state Medicaid agencies, Medicaid-managed care organizations (MMCOs), and health care provider organizations or systems to collectively design and implement payment and health care delivery reform interventions to advance health equity in partnership with their members and patients.

Goals

The Goals of the Program are to:

- 1. Advance Health Equity** by using an anti-racist lens to eliminate unjust differences in health and healthcare in populations that have been historically marginalized resulting from racism and other forms of structural oppression.
- 2. Facilitate a Learning Community** that adopts anti-racist approaches to improve equity-focused care transformation and payment model design. Disseminate key lessons to organizations in the field working on reducing health and healthcare inequities.
- 3. Transform Care** by partnering with patients and communities to address health and healthcare inequities by providing high-quality, culturally relevant care and addressing social drivers of health.
- 4. Transform Payment** by designing and implementing payment reform mechanisms that support and incentivize the transformation of healthcare delivery to reduce health and health care inequities by meeting medical and social needs.
- 5. Transform Systems** by aligning state Medicaid offices, managed care organizations, and healthcare organization's efforts with community member perspectives and priorities to reduce health and healthcare inequities.

Overview of the Learning Collaborative

This RFA process will select five teams comprised of state Medicaid agencies, Medicaid managed care organizations (MMCOs), and health care provider organizations or systems to join the seven existing teams working to implement strategies to reduce disparities in health and health care by aligning payment reform and quality improvement efforts. Each Learning Collaborative team will be expected to partner with Medicaid enrollees, families, or caregivers in their activities, ideally including individuals with firsthand/lived experience of Medicaid.

Value of the *Learning Collaborative*

AHE Learning Collaborative participants will receive in-person training (when safely possible, with travel expenses covered by AHE), web-based training, and tailored support to:

- Advance health equity using an antiracism lens.
- Explore how to develop authentic (versus transactional) partnerships with patients/members and communities.
- Receive support around organizational culture change to help advance health equity.
- Learn how to identify root causes of health and health care disparities and potential solutions.
- Utilize tools and resources for designing payment reform, including value-based payment initiatives to support equity-focused care transformation.
- Design and begin to implement integrated value-based payment and quality improvement efforts to reduce or eliminate health and health care inequities.
- Learn how to address and overcome common challenges of health equity initiatives, 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-provider partnerships.
- Use quality measures stratified by race, ethnicity, language, socioeconomic, or other demographic variables to inform their projects.
- Aim for and measure 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 expanding regulatory and federal mandates to improve quality and reduce health and health care inequities.
- Develop skills to further create and sustain equitable health care that can be used long after the Learning Collaborative ends.
- Engage with and learn from other Learning Collaborative participants throughout the United States.

Expectations for Learning Collaborative Participants

The following activities and components of the Learning Collaborative are designed to support measurable progress toward the goal of achieving health equity for individuals enrolled in Medicaid. **Applicants will agree to:**

■ **Recruit a Learning Collaborative Team**

- The team should include:
 - A state Medicaid Agency;
 - At least one Medicaid managed care organization (MMCO) operating in the state;
 - At least two health care provider organizations or systems contracted by the MMCO(s) within that state;
 - Individuals with experience being enrolled in Medicaid;
 - We are interested in all applicants, regardless of their current level of experience partnering with individuals enrolled in Medicaid. While there are many ways to authentically partner with individuals enrolled in Medicaid, the key expectation is that applicants will commit to advancing their capacity to do so over the course of the Learning Collaborative. Individuals formerly or currently enrolled in Medicaid should be fairly compensated for their expertise and participation.
 - Community-Based Organizations (Optional)
 - We are interested in all applicants, regardless of their current level of experience partnering with community-based organizations (CBOs) serving communities experiencing health and healthcare inequities. Our hope is that applicant organizations will advance their capacity to partner with CBOs over the course of the Learning Collaborative.
- Each participating organization should designate primary and secondary contact persons on the core Learning Collaborative team that can commit to all Learning Collaborative activities over the course of the program (through 2024).

■ **Actively Engage in the Learning Collaborative**

- All organizations on the team will play active roles in the 2-year Learning Collaborative starting in January 2023 by attending in-person and virtual meetings, virtual trainings, regular support calls, and a virtual or in-person site visit.
- All organizations will commit to creating cultures of equity alongside the national AHE technical assistance team and other Learning Collaborative participants. This will include working to advance diversity, equity, and inclusion efforts internally and externally (e.g., human resources, quality improvement, patient/community partnership, policy and process development, cultural competence strategies, leadership development, etc.). Creating cultures of equity is ongoing work that is never completed. However, we expect commitment and progress.

- **Design and Launch an Integrated Health Care Delivery and Payment Transformation (or Adapt Existing Initiatives) to Identify and Reduce Inequities**
 - The integrated health care delivery and payment transformation initiative will be designed by the Learning Collaborative team and advanced during the project period. It can be a pilot or a nearly fully-developed initiative and can build off existing efforts by adding an equity focus. The initiative should aim to reduce disparities in healthcare processes or health outcomes across specific member/patient population(s). It is encouraged that part of the overall initiative addresses social drivers of health.

- **Participate in evaluation activities to inform the assessment of the Learning Collaborative and your team’s integrated payment and health care delivery reform initiative**
 - Team members will be asked to participate in annual individual qualitative interviews (30-60 minutes each) and annual surveys over the course of two years.
 - Teams may be asked to submit aggregate reports on selected clinical performance measures and/or other health care process and outcome data to evaluate the effectiveness of your initiative. Specific data reporting will account for antitrust and proprietary considerations.

Key Learning Collaborative Dates and Anticipated Time Commitment

- **Meeting Dates:**
 - November 2022: Virtual Orientation Session
 - January 2023: All Team Convening (Chicago)
 - October 2023: All Team Convening (virtual)
 - October 2024: All Team Convening (Chicago)

- **See Appendix for a summary of Learning Collaborative Activities and estimated time commitments**

Part III. Application Components

Key Application Dates and Deadlines

DATE	DESCRIPTION
July 15, 2022	Request for Applications Released
July 25, 2022 2-3:30pm Central Time	Informational Webinar for Applicants Visit https://www.solvingdisparities.org/application to register for the applicant webinar.
July 18 - September 23, 2022	Workshop Session(s) We highly encourage you meet with us as you brainstorm and strategize your approach to the application and your potential participation in the Learning Collaborative. We can meet with you as you contemplate care and payment transformation ideas before you submit your application. We can answer questions, talk-through your ideas, explore options, and suggest novel strategies and tactics. Email info@solvingdisparities.org to schedule a session.
August 22, 2022	Letter of Intent Due
September 23, 2022	Applications due
October 10 - October 21, 2022	Applicant Follow-up Interviews Each applicant team will be invited to a conversation with the AHE team to share more information about their team and discuss aspects of the application in greater depth.
October 31, 2022	Learning Collaborative Teams Announced

Application Requirements

Applicants should plan to submit the items listed below. Submission instructions will be provided on August 31, 2022 to those that submit a Letter of Intent by the deadline.

- **Letter of Intent to Apply**

Those interested in applying must submit a letter of Intent to Apply (LOI) no later than August 22, 2022, by 5 pm CT to info@solvingdisparities.org. The LOI should include the following:

- Primary point person (for the Learning Collaborative team) including contact information, title, and organization
- Anticipated organizations and individuals that will make up the Learning Collaborative Team (e.g., state Medicaid agency, Medicaid Managed Care Organization(s), Health Care Provider organization(s), individuals with experience being enrolled in Medicaid)

- **Letters of Support**

- Include a written letter of support from each participating organization, outlining: (a) the role the organization will play on the team; (b) main motivation(s) to participate in the Learning Collaborative; (c) and leadership commitment and support of staff time to participate in the activities of the Learning Collaborative.
- Each letter of support should be signed by the leader of the organization and submitted on organization letterhead.

- **Responses to Application Questions (Part IV)**

Part IV. Application Questions

Participating Organization

1. Please complete the following chart regarding the organizations that will be a part of the project team.

Participating Organization Name	Organization Type (health care organization, community based organization, managed care organization, patient advocacy organization, state Medicaid agency, etc.)	Organization’s Service Area

2. Briefly describe each organization that will participate in the project team, including its mission. Please note whether the organizations have a history of previous collaboration with one another.
3. For each organization participating on the team, please provide demographic information about the population/members served that will help us understand how your team can reach specific Medicaid member populations experiencing health and healthcare inequities (e.g. demographics such as race, ethnicity, socioeconomic status, geography). Some of this information may not be available, but please include what you have. You may add an appendix to your application for information that does not fit here.
4. Advancing Health Equity envisions the work on this initiative as part of a larger equity journey that individuals, organizations, and bigger systems are on. Please provide a brief description of where each participating organization is on its equity journey and why. Include each organizations’ experience and/or current approach to supporting high-quality equitable health care for the populations they serve and any future goals you might have.

Composition of Learning Collaborative Team and Plans for Engagement of Key Partners

Each team should be composed of organization leads (core team members) and support members from each organization. Within the team, power should be shared across participating organizations using a co-leadership approach. The core team members will be responsible for the day-to-day project work. In addition, each team should have a broader support team who are pulled in based upon the project’s status and activities underway. Details on roles and responsibilities are provided in the table below.

<p>CORE TEAM: The core team is made up of 2 representatives from each partnering organization (a primary and secondary lead). Additionally, for the purpose of streamlining communication, please identify one person to serve as the primary point of contact (for communication purposes) for the Learning Collaborative Team.</p>	
<p>What are the responsibilities?</p>	<ul style="list-style-type: none"> ▪ Participate in monthly check-in calls with AHE representatives and, as needed, team calls. ▪ Participate in all in-person and virtual trainings, webinars, cross-team learning sessions, and other tailored support activities ▪ Drive decision making and action within one’s own organization ▪ Foster norms and a culture within the team that promotes equity and power sharing ▪ Engage and bring in supporting team members (see below) from the broader organization as needed throughout the course of the program ▪ Represent and provide insights on behalf of their broader organization in smaller meetings ▪ Participate in all evaluation activities (qualitative interviews and surveys)
<p>Who should be in the core team?</p>	<ul style="list-style-type: none"> ▪ Formal or informal health equity champions who center health equity within their work and/or have pushed forward health equity initiatives in their organizations or communities. ▪ Individuals with sufficient decision-making power and access to leadership and other decision makers ▪ Individuals who can pull in necessary expertise and resources as needed ▪ Those with influence and/or authority over contracting and operations and responsibilities for health equity (i.e. a state Medicaid agency or MCO) ▪ Those with influence and/or authority over design and implementation of healthcare services to members/patients (provider organization)

SUPPORTING TEAM: the supporting team includes individuals who will be brought in based upon the stage of the AHE program and what expertise and resources are needed.

<p>What are the responsibilities?</p>	<ul style="list-style-type: none"> ▪ Participate in meetings and activities as needed to support the core AHE team in accomplishing its goals, making decisions, and completing program tasks, using one’s unique expertise and position in the organization ▪ Participate in all trainings, webinars, cross-team learning sessions, and other technical assistance activities as appropriate to role in the team ▪ Participate in evaluation activities (based upon involvement in program)
<p>Who should be in the supporting team?</p>	<ul style="list-style-type: none"> ▪ Actuarial ▪ Care managers and others on the care team ▪ Consumer/member/patient ▪ Data and Informatics ▪ Diversity, equity, inclusion staff ▪ Finance ▪ Member/patient/community engagement office ▪ Population health ▪ Quality/performance improvement ▪ VBP contracting

1. With the above information regarding team composition in mind, please list team members for all participating organizations and individuals in the table below. We recognize that the team’s composition may change between now and kick-off and over the course of the initiative, as necessary. In acknowledgement of leadership buy-in as a facilitator of success in health equity efforts, we would also appreciate information on where each individual sits in their organization (senior leadership, program leadership, program/frontline staff).

Name and Job Title	Organization	Project Role (Core Team or Support Team)	Area of Responsibility/ Expertise	Position within organization (senior leadership, program leadership, program or frontline staff)

2. Please describe how the team will be structured and managed to promote power sharing, collaboration, shared decision making, and alignment across organizations. This includes patients/members participating in the project.
3. Patient and community partnership is a core component of the AHE program. How do you propose to partner with patients? What infrastructure do you already have? How do you plan to hold yourself accountable to ensure patient voice is a key element of your initiative?
4. We welcome other ways to get to know your team better. This can include the submission of bios or CVs for team members, and/or information on experiences and expertise with health equity (e.g., weblinks, press releases and team reflections). If you would like to add supplementary materials about your team, please feel free to include them, but it is not required.

Capacity to Advance and Sustain the Work

We would appreciate brief responses (max 400 words) to the following questions to allow AHE to garner better understanding of your team's existing opportunities and capacity related to health equity as well as how our technical assistance (training, tools, resources, etc.) can help to advance these efforts.

1. What do you hope to accomplish by participating in this LC? What would success look like for your team? For instance, how could participation in the LC advance your health equity work?
2. What challenges or barriers do you anticipate encountering in this work?
3. What is your current data capacity to understand health inequities by race, ethnicity, language, sexual orientation, gender identity, socioeconomic status, national origin, disability status, and/or other characteristics?
4. What about your ability to measure changes in disparities?
5. What care delivery models are currently being implemented or developed that may support advancing health equity? What populations and conditions do these models currently support?
6. What existing payment models are already in place and could be leveraged to support and incentivize care delivery models that can advance health equity? What previous experiences in designing and implementing payment reform, at the health care organization and individual provider level, do the partners bring to this project? Are there any new payment models you are considering that could be leveraged to support and incentivize care delivery models that can advance health equity?

Appendix

Estimated Time Commitment for AHE Learning Collaborative Activities*

ACTIVITY	WHO	YEAR 1 (2022)	YEAR 2 (2023)	YEAR 3 (2024)
Monthly check-in calls with TA Core team	Core-team members	1 to 2 thirty-minute meetings for each LC team. Total Hours: 1 hour	10-12 thirty-minute meetings for each LC team. Total Hours: 6 hours	8-10 thirty-minute meetings for each LC team. Total Hours: 5 hours
Team TA Calls (as needed)	All team members	N/A	3-12 one-hour meetings Total hours: 3-12 hours	3-12 one-hour meetings Total hours: 3-12 hours
Quarterly Cross-Team Learning Sessions	All team members	N/A	3-4 two-hour learning sessions Total hours: 6-8 hours	3-4 two-hour learning sessions Total hours: 6-8 hours
Quarterly affinity-group (those with similar interests) learning sessions	Participants based upon topic of meeting (e.g. state Medicaid members, MCO members, teams with similar health equity focus area)	N/A	1 two-hour meeting per year per core team member Total hours: 2 hours	1 two hour meeting per year per core team member Total hours: 2 hours
Convenings	All team members	2 hours (virtual orientation session)	18 hours (split across 2 separate convenings - one in-person and one virtual; add time for travel)	12 hours (in-person; add time for travel)
Evaluation Activities	All team members	Surveys (30 minutes) Total hours: 0.5 hours	Core team member qualitative Interviews (30 minutes) Total hours: 0.5 hours	All team member qualitative interviews (30-60 minutes) Surveys (30 minutes) Total hours: 1.5 hours
Additional technical assistance meetings and opportunities	Core and support team members as determined by meeting goals and activities	Estimated at 1-2 hours	Estimated at 3-4 hours	Estimated at 3-4 hours
TOTAL HOURS		2.5 - 3.5 hours	45.5 - 61.5 hours	39.5 - 55.5 hours

*While this chart includes estimates for time commitment to organized meetings and events, the majority of the work and time needed to advance equity will occur outside of these meetings.



ABOUT AHE

Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) is a national program supported by the Robert Wood Johnson Foundation and based at the University of Chicago. AHE 's mission is to discover best practices for advancing health equity by fostering payment reform and sustainable care models to eliminate health and healthcare disparities.