



Wellness
West

Partnering for Health Equity



Imperatives to Creating an Optimized Health Equity Collaborative

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About This Paper

This document examines the journey and factors at play when a group of independent healthcare and social service institutions came together to drive health equity transformation on the West Side of Chicago. This paper offers a real-world perspective to the national discussion about how health equity gaps in underserved communities can be closed. This paper provides context on the strategic process taken and decisions made while designing a collaborative from the ground up.



About Wellness West

Founded in 2021, Wellness West is the coming together of proven, mission-driven health care and social service providers to build and operate transformation demonstration projects, funded by The Illinois Department of Healthcare and Family Services (IL-HFS). The white paper [“Bridging the Gap: How Our Community-Led Health Collaborative is Implementing Health Care Transformation and Achieving Health Equity on Chicago’s West Side”](#) provides rich detail on what Wellness West is doing and the results it is achieving.

Origins: “A Coalition of the Wary”

In November of 2020, IL-HFS announced a new health equity fund and grantmaking process to address the social and structural determinants of health through care innovation. This policy to transform health care to better meet the needs of vulnerable communities was led by the Black and Latino caucuses in the Illinois General Assembly who have long considered health equity a core pillar of their legislative work.

Immediately, the leaders at several West Side institutions began informally meeting to gauge the viability of a care coordination collaboration to close health equity gaps in the communities they serve. Among these organizing institutions were Access Community Services, Bobby E. Wright Behavioral Health Center, Cook County Health, Habilitative Systems Inc, Humboldt Park Health, The Loretto Hospital, Lurie Children's Hospital, Sinai Health, and Rush University Medical Center.

In the middle of the pandemic and with low morale within the health care ecosystem, the early meetings were fraught with hesitancy. One participant in these early conversations called it a "Coalition of the Wary". These organizations had never embarked on such a broad and ambitious collaboration. Naturally, everyone agreed on the need for more collaboration between each other. The glaring inequities of the COVID-19 response alone was evidence enough that something needed to be done. However, designing a new system from scratch that coordinated multiple independent providers, each with their own history, mission and customs, seemed daunting.

Despite this, the leaders pressed on. Concerns were discussed and resolved. A vision for what is today the Wellness West model of community-based care coordination took shape. In April of 2021, the proposal for the collaborative was submitted to IL-HFS. Two months later, the state approved the application and allocated \$68M for a three-year term, which was later extended to a five-year term.

The following organizational imperatives have been instrumental to the success of Wellness West. They are not ranked in any order.



Nine Organizational Imperatives

1. A Collaborative Led by the C-Suite

It was critical from the beginning that this effort needed to be a C-suite driven leadership model. This principle was important to create buy-in and visibility at the provider institutions. It was also important because the top leaders had close relationships with each other and had lifetimes of experience that provided so much consultative value to this budding collaborative. Having the attention and focus of C-suite talent proved invaluable.

Today, the Wellness West board still consists of the highest levels of senior leaders from their institutions. In fact, seven out of the eleven board members are the top executive at their institution. Further, the Wellness West board is not a ceremonial group. It is a working, policy-driven group.

2. A Practice-level, Care Coordination Model

Wellness West decided early on that this Collaborative would be constructed as a federation of providers, with as little centralization of functions as possible. Most of the funded staff, including Community Health Workers (CHW), ED Navigators, Behavioral Health Care Managers, and Peer Support Specialists, are directly employed and located at provider organizations.

The rationale for a practice level model was straightforward. It was the provider network that had the infrastructure and experience. The providers were known in the community already.

3. Designed an Empowered Committee Structure

The design of the committee structure was critical. The committees, it was imagined, would be where the collaboration happens, where decisions are made, and where the work gets done. The designed organizational structure placed two core committees directly reporting to the Board.

- **The Clinical Committee:** Here is where so much of the work of Wellness West is conceived and designed. The Clinical Committee oversees and guides all clinical practices and protocols. It provides feedback to participating partners on approaches to increase impact. Subcommittees include Primary Care, Pediatric, Behavioral Health, MCO, Research & Evaluation.
- **The Race Health Equity Committee:** This committee helps ensure that the Wellness West mission is front and center by assuring that programming reflects the needs of the community and that an accountability framework is in place. The committee is responsible for improving care equity and health outcomes while reducing avoidable health care costs. The committee ensures that Wellness West policies, data, metrics, and incentives align with the race and health equity plan.

4. Scaling Up Quickly via a Contracted Services Strategy

The collaborative's initial timeline required creating a sophisticated operation virtually overnight. Starting from nothing, this new entity needed critical services like administration, human resources, legal services, finance and accounting. The Board determined early that the best path to achieve the required scale was not to hire a CEO, but to contract with trusted service partners for core functions.

Today, [Medical Home Network](#) provides the management infrastructure and clinical platform. [Benford Brown & Associates](#) provides financial and accounting services. In all more than 20% of contracted funds from Wellness West go to minority- and women-owned (MBE, WBE) services firms. In addition, 45% of all the funds that are spent go to either MBE/WBE firms or not-for-profit entities that are 50 percent led by minorities.

5. The Art of Building Consensus

The partner organizations of Wellness West are vastly different from each other. They run the gamut from large hospital systems to small CBOs. These organizations have different histories, practices, and procedures, yet they all needed to coalesce around some standard practices.

The committee structure (described earlier) is the main forum where this consensus is built. This is important because “consensus” is not an abstract nice-to-have. Consensus was critical to:

- Developing a common health risk assessment form.
- Developing equitable compensation plans so staff performing the same function are paid similarly across the network.
- Developing alignment on technology and access to patient records. Wellness West providers use the MHN Connect Platform which brings the Collaboration together under a common data management system with real-time connectivity.

Building group consensus is more art than science. Wellness West not only knew how important consensus building was, but also how difficult it could be to achieve given the diversity of organizations at the table. Through a process of establishing clear objectives, creating a safe environment for honest communication, active listening, finding common ground, and addressing concerns, Wellness West has built a muscle for developing consensus.

6. Engaging the Community

Movements like healthcare transformation happen at the grassroots level. Early on, Wellness West conducted meetings with community leaders to hear their concerns and issues. We attended public forums in the community to get a sense of what needs were most acute.

The Wellness West Community Advisory Committee (CAG) serves to raise awareness about the Wellness West Collaborative and the important equity issues and challenges faced by our communities. Because the Wellness West CHW is at the center of the community-based model, the CAG has done important work to provide workforce support to the CHWs so they can be the most informed and effective advocates for their clients.

This focus on community engagement was instrumental to our recruitment of more than 40 distinct organizations that have joined Wellness West. When Wellness West first started, it was represented mostly by large healthcare institutions like hospital systems. Today, small community health centers and social service providers share an equal voice in Wellness West.

7. Staying Close to Elected Leaders

The Illinois healthcare transformation was largely the vision of a group of political leaders in the Illinois General Assembly. The Illinois Black and Latino caucuses each considered health inequity among its most important core priorities.

Wellness West has made it a priority to stay very close to these legislators and other public officials. We've held dozens of briefings with individuals or groups of elected officials to show our outcomes and be candid about challenges faced.

8. Engaging MCOs and other payors

Wellness West engaged Illinois Medicaid Managed Care Organizations MCOs early in the process to collaborate on care delivery for high cost, high utilizers patients. Doing so brings greater health equity and saves public resources. Wellness West has also been a thought partner on how health equity can be incentivized and achieved.

9. A Dynamic and Productive Relationship with our State Agency Funder

Finally, Wellness West is grateful to the talented team of professionals at IL-HFS. This is an entity of government that is fully committed to addressing health equity and health care transformation across Illinois. From the beginning, the leaders of IL-HFS have been dedicated to disrupting the status quo of a healthcare system that is not achieving the results it should. While HFS is responsible for monitoring our progress and holding us accountable, they are much more than “minders”. They have been close confidants and advisors throughout the journey.

Conclusion

The Wellness West Model of community-based care coordination can be replicated across the country. We consider it our responsibility to share our experience and lessons learned to policy makers and others contemplating a similar model in their own communities. We are happy to share more of our story with stakeholders who are interested in out-of-the-box innovations that close health equity gaps.

Acknowledgements

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