

Rhode to Equity Frequently Asked Questions

Updates:

Change to funding for the Accountable Entity and primary care clinic:

Based on information gathered from the first webinar, the Care Transformation Collaborative, in collaboration with EOHHS and RI Department of Health, has made one change to the funding arrangement for Rhode to Equity teams. The RFA indicated that the Accountable Entity and primary care clinic would be jointly eligible to receive a total of \$23,300. Instead, CTC will provide the Accountable Entity participant with \$14,000 in funding and the primary care clinic with \$14,000 in funding. This aligns with the funding level for the community health team participant and is intended to eliminate the confusion that arose by combining funding for the Accountable Entity and primary care clinic team members.

Change to Accountable Entity application rules:

The RFA indicated that each Accountable Entity could apply to participate on at most two teams (i.e., apply in partnership with one of its primary care clinics in one geography and another of its primary care clinics in another geography). CTC is lifting this limitation so that an Accountable Entity may apply to participate on more than two teams.

Funding Clarification: Health Equity Zone:

The RFA indicates that the HEZ will be eligible to receive up to \$77,900, inclusive of payment to the person with lived experience of inequity and potential payment to support additional community partners. In this FAQ, CTC notes that the amount budgeted within the \$77,900 for potential payment to additional community partners is \$10,000. Note that, per the RFA, the HEZ is expected to ensure living wage compensation for the person with lived experience.

FAQs:

1. Who are the required members of a Rhode to Equity team?

Answer: Each team must include the following members:

- A Health Equity Zone backbone organization
- An Accountable Entity that serves patients in the same geographic location as the Health Equity Zone
- A primary care clinic, affiliated with the Accountable Entity, which serves patients in the region served by the Health Equity Zone team member.
- A community health team that can serve patients in the same region as the Health Equity Zone
- A person with lived experience of inequity

2. Can other people or organizations participate on a Rhode to Equity team?

Answer: Yes.

- The team may add additional community-based organizations based on the team's assessment of the participants needed to best achieve the team's goals. A "free clinic" operating within the geography served by the Health Equity Zone team member may be added as a "community-based organization."
- The team may add additional individuals with lived experience of inequity to the team.
- The team may include up to two Accountable Entity-medical clinic pairs if both primary care clinics are serving patients in the geographic area served by the Health Equity Zone team member.

3. How would additional members of the team be funded?

Answer:

- The budget for the Health Equity Zone team member includes \$10,000 to support the participation of an additional community-based organization, potentially including a "free clinic" not affiliated with an Accountable Entity. This funding could also be used to support the participation of multiple individuals with lived experience of inequity if desired.
- Team members can allocate any amount of their own funding to support participation of other community-based organizations, including free clinics not affiliated with an Accountable Entity.
- If a team includes two Accountable Entity-primary care clinic pairs, both pairs are eligible to receive the funding for an Accountable Entity and primary care clinic.

4. What constitutes a Community Health Team?

Answer:

The Community Health Team must have the capacity to partner with the primary care clinic to accept referrals of high risk and/or rising risk patients that reside in the geographic area of the HEZ. The Community Health Team must have the capacity to address these patients' needs, including chronic physical or behavioral health conditions and health-related social needs, typically through staff including community health workers and behavioral health clinicians. The Community Health Team must be able to share insights about patient needs with the whole Rhode to Equity team, to inform the team's understanding of community needs. The Community Health Team must be mobile and able to meet patients outside of the clinic setting. The Community Health Team can be one of the teams that currently partners with CTC, a team based in and supported by an AE, a team based in and supported by a community-based organization, an Assertive Community Treatment team, or other comparable team, provided the selected partner is able to meet the requirements stated above.

5. Can a Rhode to Equity team include more than one Accountable Entity-primary care clinic pair?

Answer: Yes, a Rhode to Equity team can include up to two Accountable Entity- primary care clinic pairs. Each Accountable Entity must be paired with a clinic that participates in that Accountable Entity and serves patients in the geographic area served by the Health Equity Zone. The reason to include two Accountable-Entity-primary care clinic pairs would be to allow

Accountable Entities serving the same population to collaborate with the Health Equity Zone and other team members to jointly address place-based concerns.

6. Can the team include more than one Health Equity Zone?

Answer: No. Because the Rhode to Equity project is designed to be place-based, each team should focus on the geography served by a single Health Equity Zone only.

7. Can a Health Equity Zone participate in more than one Rhode to Equity team?

Answer: No. The goal of the project is to focus on a single team for each geographic area served by a HEZ.

8. On how many Rhode to Equity teams can an Accountable Entity participate?

Answer: Originally, the plan was that each Accountable Entity could apply to be on a maximum of two teams (i.e., the Accountable Entity could appear on two applications, with one of its participating primary care clinics on each separate application). Based on feedback from stakeholders, the Care Transformation Collaborative is lifting this limit. An Accountable Entity may *apply* to participate on as many teams as it wishes. This means that an Accountable Entity that wants to be on teams in more than two different geographies may apply to do so.

9. Does the “clinic” team member need to be affiliated with the Accountable Entity team member?

Answer: Yes, the clinic must be affiliated with the Accountable Entity – meaning, it must be a participating provider in that Accountable Entity. For example, if Accountable Entity #1 wants to be a team member, a primary care clinic serving patients in the Health Equity Zone service area and participating in Accountable Entity #1 must be a team member. And, if a primary care clinic that participates in Accountable Entity #1 wants to serve as the “clinic” team member, Accountable Entity #1 must participate as an Accountable Entity team member.

10. How will funding be disbursed?

Answer: The Care Transformation Collaborative will disburse funds to the Health Equity Zone, Accountable Entity, primary care clinic, and community health team. Funding will be disbursed in several installments throughout the project year. The Health Equity Zone is responsible for ensuring payment to the person with lived experience of inequity, to any interpreters needed for that person, and to any added community-based organizations covered by the Health Equity Zone budget.

As part of its application, a team may request flexibility in how the total team budget is allocated among the team members.

11. How many teams will be funded?

Answer: Up to six Rhode to Equity teams will be funded.

12. How will decisions be made on which teams will be selected to participate?

Answer: Selection will be based on the criteria posted on the Care Transformation Collaborative website, here: <https://www.ctc-ri.org/sites/default/files/uploads/Final%20Rhode%20to%20Equity%20Selection%20Committee%20Policy%20and%20Procedure%203.1.21.pdf>.

13. What areas of equity/inequity will the program focus on?

Answer: The Rhode to Equity program will have a focus on race and ethnicity, place, income, etc. that relate to root causes that lead to structural inequities. Disability status is also included in this framework.

14. Can EOHHS provide information about the geographic distribution of AE members?

Answer: Yes, an AE may request a map of its attributed members' locations. Maps will be similar to a "heat map," such that they display the general geographic distribution but cannot be used to identify any individual addresses.

15. **What is the role of the 20 hour a week staff member?**

Answer: The 20 hour a week person needs to be a strong facilitative leader who is organized, able to mediate power dynamics, keep processes moving, and able to really support engagement and balance of team members (people with lived experience of inequities, clinical team, A/E leadership and CHT)

16. **Is there an opportunity for "self-pacing" and/or flexibility in the pacing process?**

Answer: There are things that everyone will need to do as part of a multi-sector coalition as a team. Each partner will have individual roles and responsibilities that will make up the whole. There will be some areas where partners can pace may be able to move quicker and some areas where things may need more time, particularly if there are new relationships and/or when change is happening in the context of within the care system. Things that require multi-sector community change will take longer. The approach in coaching is not to hold anyone back or to require everyone to complete tasks at the same time. For teams that are ready, there is opportunity to do things in a 100-day action lab cycles you can bring whole communities together to say what can we do together.

It will take time to understand the assets of each partner and understand what they see as the opportunity and needs to come up with a community solution that matters. Having a balanced portfolio is an important process to Rhode to Equity.