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**State Board of Health Policy Safety Net Hospital Subcommittee**

**November 9, 2021**

**12:00pm-1:00pm**

**Minutes**

Location

Meeting can be viewed here:

<https://illinois.webex.com/recording-service/sites/illinois/recording/144f68e723b5103ab4fd0050568f0567/playback>

Minutes

1. Call to Order—12:02pm
  - a. Members present: Patricia Canessa, Janice Phillips, Susan Swider, Esther Sciammarella, Sameer Vohra
  - b. Guests present: Damon Arnold, Karen Phelan
  - c. IDPH staff present: Allison Nickrent
2. Public Comment—n/a
3. Impressions and takeaways from past meetings
  - a. Patricia
    - i. Important to ensure that the solutions are not siloed, as the current model, in which actors work separately, is not working
    - ii. What participation from the community can be helpful?
    - iii. Propose a model that includes roles of community stakeholders
    - iv. Insurance plays a large role here, particularly around preventative care
    - v. Should consider what not-for-profits can do to lower the cost of care
  - b. Janice
    - i. Took away from conversation that in order to move the needle, partnerships are critical
    - ii. What is the role of academic medical centers? Can they take a stronger lead?
    - iii. IHA could play a role as a partner
  - c. Esther
    - i. Partnership between safety-net hospital and medical center is important
  - d. Susan
    - i. Group should look at structures that don't always default to existing models
    - ii. Health department can be a convener to collect data about outcomes based on value-based contracts
  - e. Karen—n/a
  - f. Damon
    - i. Top hospitals rely on their patient base

- ii. Needs to have some type of strong incentives for providers to service safety net hospitals and rural hospitals
  - iii. Structure of Medicare/Medicaid does not allow support for hospitals to focus on underserved populations
  - iv. Larger institutions have a vested interest in keeping these hospitals afloat or else they have to take on the patients from closed hospitals
- 4. Recommendations for Policy Change
  - a. What action steps can be taken?
    - i. This is a state and federal issue—there are limitations on what we, as SBOH, can recommend
    - ii. Five takeaways from meetings
      - 1. The Department of Public Health should commission a report, in collaboration with university and healthcare partners, to study the financial and healthcare impacts of struggling safety net and critical access hospitals on the health of the communities they serve.
      - 2. The Department of Public Health, in partnership with the Illinois Public Health Association and other academic partners, should commission a quantitative and qualitative report of models used by local health departments to address needs in traditionally underserved communities.
      - 3. In an effort to build greater partnership and coordination, the Department of Public Health, in partnership with other states agencies, should incentivize greater partnerships between public health departments and hospitals in assessing community need and devising community benefit implementation plans.
      - 4. The Department of Public Health, in partnership with the General Assembly and other state agencies, should launch an Illinois Health Equity Zone initiative in communities served by safety net and critical access hospitals. This approach should use a braided funding modeling similar to the Rhode Island Health Equity Zone initiative with the technical assistance provided by Public Health.
      - 5. The Department of Public Health, in collaboration with other state agencies and healthcare partners, should create incentive structures that allow for large academic medical centers to share knowledge, resources, and infrastructure when possible with safety net and critical access hospitals.
    - iii. Group should pull together conclusions and recommendations, even for further study
    - iv. Will collect comments on the draft report that went out, and prepare to discuss it on the November 18<sup>th</sup> meeting with the Policy Committee
- 5. Next Steps
  - a. Presentation to Policy Committee – 11.18.2021
  - b. Presentation to State Board of Health – 12.9.2021
- 6. Upcoming meetings:
  - a. **STATE BOARD OF HEALTH 11:00 - 1:30 PM**
    - i. December 9
  - b. **STATE BOARD OF HEALTH RULES COMMITTEE 3:00 - 4:30 PM**
    - i. November 18

c. **STATE BOARD OF HEALTH POLICY COMMITTEE 1:00 - 3:00 PM**

i. November 18

7. Adjournment—1:01pm