

REGIONAL ACCOUNTABLE HEALTH COUNCILS (RAHCs) **Program Description**

Overview

RAHCs are forums for strategic health planning located within each region across Pennsylvania. RAHCs provide a community-led approach to implement the planning and coordination of activities that address regional social determinants of health (SDOH) needs, reduce health disparities, and promote health equity and value in health care.

Five RAHCs were established by the Managed Care Organizations (MCOs) and Behavioral Health Primary Contractors within each region defined by the five Physical Health HealthChoices Zones: Southeast, Southwest, Northeast, Northwest, and Lehigh-Capital. Each RAHC has a governing body comprised of members and officers who reflect the racial and ethnic diversity of the HealthChoices Zone. RAHC members include entities in each region's health system as well as community-based organizations (CBOs) and consumers who work collaboratively to identify and address the root causes of health care inequities in their communities.

Each RAHC has developed its own governance document that includes the RAHCs purpose, organization, powers and duties, governing body, standing and ad hoc committees and workgroups, data and access responsibilities, standards for community engagement and compliance with the Department of Human Services (Department) requirements.

RAHCs Were Established with Five Primary Goals

1. Promote health equity and eliminate health disparities.

The main goal of the RAHCs is to promote health equity by addressing health disparities. In the 2021 State of Our Health assessment, the Pennsylvania Department of Health states that equity is a step beyond equality and "it ensures all

have the opportunity to live their healthiest life, regardless of other factors. Equity reflects meeting people where they are, without assuming all need the same supports to achieve their full health potential." Health equity may require different interventions and different allocations of resources for different communities to achieve equal outcomes.

Health disparities are measurable differences in health status or health outcomes in different communities. These differences are preventable and often stem from structural inequalities that create the systemic disadvantage of one community compared to others.

RAHCs address health equity as a top priority and use a collaborative regional approach to focus on communities with a high burden of disease and demographic groups and geographic regions impacted by health disparities ("health equity zones"). To achieve health equity, the RAHCs work to identify the root causes of health disparities and establish policies and interventions to reduce these disparities.

Health Equity Zones (HEZs) are geographic areas with profound inequities in health outcomes. By identifying and focusing on these geographic areas, RAHCs can better address the unique needs of each community. The RAHC uses a community-led approach by building on input from key community partners in each HEZ to address health equity. RAHCs collaborate with the community to identify the underlying factors that have the greatest impact on health outcomes and what systemic changes are needed to address the root causes of these factors.

2. Identify and mitigate regional SDOH needs.

SDOH are the social, environmental, and economic conditions that impact and affect mental health and physical health outcomes across various populations. The Department has identified the following nine core domains of SDOH: food insecurity, health care/medical access/affordability, housing, transportation, childcare,

employment, utilities, clothing, and financial strain. These domains are assessed through screenings and mitigated by referrals to the appropriate CBOs. The Department has included requirements to incorporate CBOs into value-based purchasing activities for MCOs to further support these CBOs to handle increased referrals to address SDOH.

RAHCs collaborate with local entities and consumers to gain an understanding of the unique issues affecting the community and create an individualized approach to address SDOH. RAHCs work with local government, community organizations, and academic institutions to identify unmet SDOH needs in the area and propose strategies for addressing these needs.

3. Align value-based purchasing initiatives to achieve better care and better health at lower costs.

Each RAHC identifies in its Regional Health Transformation Plan (RHTP) value-based purchasing arrangements to align across payers. While not a primary focus in the first year of implementation, in subsequent years the intent is to have RAHCs align value-based purchasing initiatives to focus attention on health equity and address the root causes of health disparities and SDOH. The alignment of these value-based purchasing initiatives can help drive improvements in care and health outcomes and lower the total cost of care.

4. Support and steer population health improvement processes, including regional efforts to advance the integration of physical and behavioral health care.

Each RAHC identifies population health measures across physical, behavioral, and integrated measures that should be improved in its HealthChoices Zone. This also builds off of previous efforts to better integrate our physical and behavioral health systems, including the integrated care program, which rewards MCOs on their care of individuals with serious mental illness. The RAHCs will be a venue where MCOs

and behavioral health primary contractors can collaborate on shared goals. The RAHCs will identify strategies and interventions to continuously monitor for improvement in health equity, SDOH, and population health priority measures established in the RHTP.

5. Center health improvement efforts in the communities where needs exist.

The RAHCs work with the community to identify high priority geographic areas impacted by disparities. Each RAHC contains council members from regional and state-wide CBOs and work with other CBOs to understand and meet the needs of underserved populations in the community. In partnership with the community, RAHCs work to identify and address community-level factors, leverage existing community resources to improve the quality of life for residents, increase access to quality services, and address SDOH needs and barriers.

RAHCs incorporate community-based health needs assessments that have already been completed into their RHTP and work with CBOs and other trusted community partners to build on priorities already identified and work underway at the local level.

Regional Health Transformation Plan (RHTP)

Each RAHC is responsible for the development of a RHTP to identify and respond to the health disparities and needs in its HealthChoices Zone. The RHTP provides details on each designated HEZ, describes implementation strategies and plans to rapidly scale action, and explains how the RAHC will continuously monitor for improvement and implement rapid-cycle quality improvement strategies. The RAHC updates this RHTP annually and may designate additional HEZs with each update.

RHTPs are driven by existing state and community-based health needs assessments, regional SDOH needs assessments, and stakeholder input. The RHTPs build on the priorities and work underway at the local level to ensure there is no duplication of efforts. The RHTP includes the identification of main community

partners in each HEZ, a description of how the RAHC intends to involve them, and a description of the current community efforts and resources that seek to address the health disparities and underlying drivers.

Identification of HEZs within Each RAHC:

Each RAHC uses a transparent data-driven process to identify the HEZs in its region. The HEZ is used as a starting point to prioritize communities with the greatest inequities in health outcomes.

A description of each HEZ is provided in the RHTP, which includes the population, the geographic areas of focus, the racial and income/poverty breakdown, the key health disparities identified for the HEZ, including measured results that describe these poor outcomes, and the underlying drivers of these health disparities.

RAHCs examine demographic data reports provided by the commonwealth to identify HEZs. These data reports include health, outcome, and aggregated index measures. Data sets may include ZIP code specific data, county, or census tract data. Data and feedback from local experts are also used by the RAHCs to further identify the geographic areas with the highest needs and deprivation challenges. RAHCs are responsible for analyzing data and recommending HEZs to the Department that the RAHC has identified as the geographic areas with the greatest needs. Several ZIP codes or census tracts (ideally contiguous ZIP codes or census tracts) may be combined to form a HEZ.

A RAHC may prioritize HEZ selection by the bottom quartile of select data measures, the number of impacted Medicaid/Medical Assistance (MA) lives per HEZ, community engagement in the proposed HEZ, and ability to impact change for the root causes of the identified health disparities. RAHCs may select up to four HEZs in their first year but the number of HEZs may increase in following years.

HEZ Focus Areas:

The RHTP includes focus areas for each HEZ and milestone measures related to either SDOH and/or health equity used to track progress for each focus area. Focus areas may include health-related inequities and SDOH-related areas.

The RHTP details information on the HEZ focus-area milestones that address the identified health disparities, the selected measures to track milestones, and the data sources for these measures. The RAHC describes the process and resources used to identify the proposed HEZ and the prospective focus areas and milestones.

Selected HEZs are aligned with existing community-based efforts. Any key CBOs and other key partners that are needed to support change in each proposed HEZ are identified and details are provided on how they are or will be incorporated in the overall plan.

The RAHCs review the HEZ population health metrics and the availability of community resources to define next steps and key partnerships. Each RAHC establishes priority disparities that they seek to eliminate across the entire region based on the analysis of the selected HEZ.

HEZ Approval Process:

Once provisional HEZs are selected and voted on by the RAHC members, the RAHCs then review quality measure data that demonstrates poor performance and research that links these inequities to upstream SDOH. The RAHCs look for interventions to address SDOH and other inequities and the availability of community resources to define next steps and partnerships.

The RAHCs work to complete a root-cause analysis to identify the root causes of SDOH in the HEZ and guide the RAHCs with the development of strategies necessary to bring about change. If during this process, the RHACs identify certain

ZIP codes that don't qualify for HEZ selection, those ZIP codes will be removed from the HEZ designation. Each provisional HEZ is reviewed by the Department in conjunction with other commonwealth agencies for final approval.

Implementation Strategies:

The strategies for addressing the focus-area milestones identified by the RAHCs and the plans to rapidly scale action are described in the RHTP. The description of the strategy includes the progress involving community partners, any significant barriers to achieving the milestones, any actions identified to overcome these barriers, and how the RAHC will work with the Department to coordinate on these actions.

The RHTP includes a description of how the RAHC will continuously monitor for improvement, implement rapid-cycle quality improvement strategies to rapidly scale successful interventions, and how the RAHC members will be involved.

The RAHC coordinates with other MCOs and Behavioral Health Primary Contractors in the MCO's HealthChoices Zone to implement the strategies outlined in the RHTP.

The Department provides oversight as each RAHC implements the strategies outlined in the RHTP and will align quality incentives that address disparities and promote whole-person care within the HEZs. The Department will explore additional quality incentives to payors as a means to eliminate the geographic disparities identified in the RHTPs and will use the RHTP to align MCO incentives in subsequent years.

Quality Measure Bank for RAHC RHTP:

The Department has identified a preliminary set of quality measures and created a Quality Measure Bank for RAHCs to use to help assess health equity in the MA Program. The Department will consider integrating the measures from this set into a

regional equity incentive. This measure set will continue to be refined with additional measures over time. RAHCs can select from this measure set for measures to track milestones in the region's HEZ.

Since the measures in this bank represent downstream quality measures, the Department will consider other more upstream measures proposed by the RAHC for tracking and monitoring purposes. The measure should be both relevant to the milestone and SDOH/health equity gap(s) described in the RTHP, and able to be monitored on at least an annual basis or at the county level (ZIP-code level preferred).

The PA HEAT (Health Equity Analysis Tool)

The PA HEAT was provided by the Department with Medicaid data for the years 2017-2019. The PA HEAT is an interactive data tool that provides a high-level overview of Medicaid and public health measures and scores by census tract, ZIP code, and county. This tool is used by the RAHCs to analyze health disparities and other SDOH factors for the designation of HEZs.

The PA HEAT Contains Ten Dashboards:

1. **Indices Dashboard:** Combines a population health index, a Medicaid index, and a SDOH index to provide a high-level overview of the geographic distribution of health-related outcomes to help RAHCs identify areas with the poorest outcomes. The population health index is based on a subset of populations health statistics from the CDC's PLACES data set at a census tract level. The Medicaid index is based on several Medicaid utilization statistics at the ZIP code level. The SDOH index is based on census tract level data from the Childhood Opportunity Index.
2. **Population Health Statistics by Census Tract:** Provides census tract level data included in the CDC's PLACES data set, the Childhood Opportunity Index, and select Census data.

3. **Social Determinants of Health Statistics by Census Tract:** Provides census tract level data from the Childhood Opportunity Index.
4. **Environmental Factors by Census Tract:** Provides census tract level data from the Environmental Protection Agency's Environmental Justice Screen.
5. **Medicaid Outcomes Dashboard:** Provides specific Medicaid measures by ZIP code and by demographics.
6. **County Statistics Dashboard:** Provides county-level statistics from a variety of sources, including the Behavioral Risk Factor Surveillance Survey, Census, and Feeding America.
7. **Food Insecurity Statistics Dashboard:** Provides county-level statistics related to food insecurity provided by Feeding America.
8. **Historic Redlining Maps Dashboard:** Contains historic redlining maps and Home Owner's Loan Corporation grades for major cities in Pennsylvania.
9. **ZIP Code Summary:** Includes the ability to search individual ZIP codes to identify Medicaid statistics, access to banking, access to childcare and childcare quality ratings, and access to skilled nursing facilities and skilled nursing facility ratings.
10. **Census Tract Summary:** Includes the ability to search individual census tracts to find race/ethnicity distribution, population health, SDOH, and environmental measures.

Regional Accountable Health Council Governance

Each RAHC identifies the responsibilities and authorities of its committees in its governance document. The following committees have been established by the RAHCs:

- **The Executive/Steering Committee** of the RAHC includes the Chair, Vice-Chair, Secretary, and other Committee Chairs.
- **The HEZ Analysis and Identification Committee** focuses on the identification of proposed HEZs for approval by the RAHC. This workgroup defines criteria and characteristics for HEZ selection and coordinates with

analytics and project support to use data to identify potential areas for HEZ designation.

- **The Governance and Sustainability Committee** drafts the governing documents, develops financial plans, and monitors funding needs. This workgroup coordinates with project support and other RAHCs to track progress.
- **The Program Integration Committee** reviews existing processes and resources to efficiently align RAHC programs and resources with existing similar program initiatives at the state and local levels.
- **Health Equity Zone Workgroups** include community members from each health equity zone to focus on the root causes of health inequities in each health equity zone and develop partnerships and interventions to address these root causes.

Each RAHC may establish additional ad hoc committees to focus on new or temporary areas of concern. The size and composition of these committees are determined by the RAHC and include RAHC members as voting members and representatives of the community as non-voting members.

The RAHC may also establish community specific workgroups to focus on communities with significant health disparities in its HealthChoices Zone and engage with community organizations to address these disparities.

RAHC Meetings

All RAHC meetings, except for the Executive/Steering Committee meetings, are open to the public to provide updates on RAHC progress. All committees and workgroups provide minutes of their meetings and reports to the RAHC through regularly recurring RAHC meetings. Committees and workgroups may make recommendations for consideration and potential adoption by the RAHC.