Executive
Summary

Learnings from the Health Systems Transformation Research Coordination Center Evaluation

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EQUAL

MEASURE

FINDING
PROMISE

FUELING
CHANGE

BACKGROUND

The Health Systems Transformation Research Coordinating Center (HSTRC) initiative is one of three projects funded by the Robert Wood Johnson Foundation (RWJF) under The Health Systems Transformation (HST) authorization that aims to catalyze the adoption of health care models and systems changes that recognize needs of Medicaid members. The aims of HSTRC are to: (1) launch a Research Collaborative to change how research is generated, funded, and used to transform health systems that advance health equity and meet people's interrelated goals and needs; (2) implement a robust Research Agenda that advances the goals of the Collaborative; and (3) and develop an actionable sustainability plan.

STRUCTURE OF HSTRC INITIATIVE

Avalere Health (Avalere) leads the HSTRC initiative, operating at two levels: strategic and tactical. On the strategic level, Avalere managed the overall infrastructure of the initiative, including seeking guidance from the Research Collaborative and managing the development of the Research Agenda and Communications and Sustainability plans. On the tactical level, Avalere selected and supports nine grantees conducting research to test the implementation of different health care models outlined in the Research Agenda. Grantees are aiming to develop an evidence base for different models of care provision.

EVALUATION FOCUS

As the evaluation partner, Equal Measure sought to understand how the HSTRC initiative advances health equity and furthers RWJF's understanding of how best to advance equity through health care practice, payment, and provision. The following were identified as broad guiding questions:

1. What are the most promising emerging care delivery models for advancing health equity? And how might these differ?

2. What conditions and elements are needed to advance new models for equitable health care delivery?

3. What are the characteristics of funders who will raise interest and advance investment in health equity models?

4. What are the gaps in evidence needed to spread effective new care delivery models, and to which audiences should these gaps be communicated?

KEY FINDINGS

The following section highlights key findings from interviews with three Avalere staff members, three Advisory Board members, one grantee, and three grantee focus groups.

Strategic Direction

HSTRC has demonstrated early signs of progress towards short- and long-term goals outlined in the HST theory of change, including:

- identifying leaders to disseminate findings,
- building a comprehensive, relevant evidence base, and
- developing plans for sustainability.

While a key goal of this initiative is to democratize knowledge by centering patient voice, patients have not yet been included as key decision makers.

- At the outset, Avalere demonstrated a commitment to centering patients; patient voice was explicitly elevated in the design of the Research Directory and Agenda.
- Despite the ambitious vision to center patients in the research, patients have not been included as members of the Research Collaborative or in decision-making roles in communications or sustainability planning. Prioritizing a more participatory design would allow for the Medicaid-eligible population to provide input on topics that are relevant to their needs and goals.

Funding Grantee Research to Build An Evidence Base

HSTRC grantees contribute to the more tactical side of the work, testing different healthcare models and best practices to understand their impact on both the health and social needs of their patients.

- Grantees implemented and tested the effectiveness of difference care models – virtual or telehealth, care management, and community-focused interventions – to address both the social and health needs of their patients.
- Funding helped grantees test such pre-existing models to further understand real-world lessons and implications that could not be identified at the model's previous scale or conceptual level.
- Identifying partners and developing relationships with a health system was an essential first step to implementing new care models.
- However, simply developing relationships and buy-in was insufficient: grantees specified that finding the "right" partners was paramount. Grantees identified effective partners as individuals who had decision-making power or had a strong position to advocate for the model with leaders.

Avalere adopted the RWJF definition of health equity and emphasized that advancing equity involves identifying key subpopulations for whom systemic inequities occur. Despite this, few grantees acknowledged the role of systemic racism as a root cause of inequity.

- Avalere emphasized that advancing equity is more than defining a broad category of "Medicaid-eligible populations," but that researchers should also consider subpopulations – race and gender, for example – to identify for whom inequitable outcomes occur.
- Enhancing access to social needs supports for patients who are underserved or experience disparate health outcomes was a key tactic to advance health equity and is in alignment with the RWJF definition of health equity used by HSTRC.
- Many grantees focus on low-income and underserved populations, with a few going a step further to acknowledge race and the role of racism in their projects.

Grantees primarily incorporated patient voice through data collection, with only a few taking a more participatory approach.
- Most grantees involved patients in asking for feedback via surveys or interviews.
- A subset of grantees implemented community based participatory research (CBPR) frameworks and community advisory boards. However, such grantees often developed their proposals before soliciting patient engagement.
- Grantees who did incorporate more participatory approaches reported that the structure of this project, with both Avalere and RWJF highlighting CBPR and equitable evaluation in the Call for Proposals, influenced their pursuit of participatory methods.

HSTRC Grantees are in the early phases of their work, focusing on implementation of the models, outlining indicators of progress, and navigating emerging challenges.
- Grantees describe progress and success for their research projects in three key areas: experience of care, health outcomes, and costs – which align with areas of progress outlined in HSTRC's research agenda.
- Data infrastructure, stakeholder buy-in, and participant and staff recruitment are challenges to research progress.
- Grantees desired further opportunities for peer learning and support.

Scaling and Sustainability
Scaling and sustainability are critical aspects of the HSTRC initiative's long-term goal of health systems transformation. Additional resources and supports may be needed to build the infrastructure to continue to make progress.
- Avalere is positioning itself to support the scaling and sustainability of emerging care models, yet additional partners may be critical to build a broader base of support and buy-in to reach the substantial and long-term aim of transforming health systems.
- Changes from the original plans for the HSTRC initiative to the current implementation around diversifying its funding base may impede efforts to scale and sustain best practices.
- The current structure of the HSTRC initiative does not afford grantees with the time and funding necessary to produce the evidence base needed to support the scaling and sustainability of their care models.

FUTURE CONSIDERATIONS

Use specific language. Advancing health equity requires using specific language – naming systems of oppression, racism in healthcare, and root causes of health inequities. **How can RWJF support HSTRC to advocate for using specific language related to health equity and racism within the initiative, with grantees, and with the field?**

Provide technical assistance and support in participatory research design and equitable evaluation. While HSTRC advocated for inclusion of Medicaid beneficiaries through CBPR practices or equitable evaluation principles, few grantees implemented these practices into their research design. **What additional training and support in CBPR practices or equitable evaluation methods can be provided to grantees prior to and during implementation of their research project? How can Avalere model CBPR and equitable evaluation methods in their work, engaging patients in infrastructure design and as decision makers on the advisory board?**

Provide tailored support. Avalere and grantees both mentioned an interest in additional support through the implementation and evaluation of the care models. Some grantees mentioned more

opportunities for peer learning, especially with others assessing similar care models. Avalere suggested that holding regular check-ins with grantees may benefit the work and offer an opportunity to discuss challenges and leverage strengths. **What technical assistance could be provided to further support grantees?**

Expand additional supports. Even if grantees can build evidence for models of care, it is often challenging for them to generate buy-in for financial investment, given large upfront costs and delay in seeing financial returns. A few grantees expressed interest in additional financial supports or other types of assistance to ensure they can produce the evidence necessary to scale and sustain these models within their health systems. **What type of support could help fill the gap between implementation and the return on health and financial benefits?**

Use learning collaboratives or peer learning as approaches to support scaling. One approach to scalability may be to use learning collaboratives to test models within different settings. Learning collaboratives could further build the evidence base and test the effectiveness of healthcare models as members share about their successes and challenges. **How can collaborative learning opportunities support the scaling of research models in future phases of HSTRC?**

Leveraging the unique expertise of the Research Collaborative advisory board to spread and disseminate findings. Avalere is still developing the best approach to sharing findings, (e.g., creating a communication plan and encouraging further replication of research). At this formative stage, the Research Collaborative advisory board members could serve as potential partners for dissemination of information, as they are field leaders whose expertise may be critical while considering a range of audiences. **What role could advisory board members play in future efforts to scale and sustain research projects, potentially through information dissemination?**

APPENDIX

Grantees Funded by the HSTRC

Nine grantee research projects were selected for funding:

State of Research Project	Project Title	Grantee Institution
	Housing as an Opportunity to Promote Health Equity (HOPE): A Housing and Integrated Health Model of Care	Denver Health and Hospital Authority
	Building Relationships into Care Delivery to Grow Equity (BRIDGE)	Heartland Health Centers
	The Impact of Telehealth Access on Health Equity for Patients, Families, and Community Members in Two Medicaid Focused Pediatric Primary Care Models	Johns Hopkins University School of Medicine
	Advancing Equitable Models of Care for Medicaid-Eligible Children Served by Head Start Programs: Implementation and Evaluation of Telehealth Services	National Opinion Research Center (NORC)
	Equitably Assessing the Impact of a Coordinated, Multidisciplinary Diabetes Care Model Using Implementation Science and Participatory Approaches	Sinai Health System
	Advancing an Equitable Telehealth Delivery Model for Medicaid-Eligible Populations with Chronic Conditions at Federally Qualified Health Centers	Trustees of Boston University, BUMC
	Impact of a New Street Crisis Response Team on Service Use among San Francisco's Homeless Population with Mental and Substance Use Disorders	San Francisco Department of Public Health
	The Dose of the Web of Well-Being with Integrated Clinical Case Management to Reduce Inequities in Value in a Medicaid Population	University Hospitals Cleveland Medical Center
	Social Determinants of Health Treatment as an Essential Structural Change in Primary Care	University of Tennessee Health Science Center