



**Healthy Illinois 2021  
SHIP Planning Council Meeting  
Monday, April 18, 2016 1:00 PM – 2:30 PM**

**Planning Council Members Present:** Janet Albers, Karen Ayala, Posh Charles, Bill Dart, Diego Estrella, Paulette Dove, Jessica Gerdes, Judith Gethner, Tom Hornshaw, Vince Keenan, Lawrence Kissner, Kathy Lahr, Lee Ann Reinert, Todd Roberts, Karen Shoup, Anita Stewart, Charlie Weikel, Staci Wilson

**UIC SPH MidAmerica Center for Public Health Practice Staff Present:** Karli Greene, Geneva Porter, Deb Rosenberg, Christina Welter

**Additional Participants:** Kenneth Campbell, Michelle Gentry-Weisman, CJ Metcalf, Neli Vazquez-Rowland

Topic	Discussion/Updates	Action Items/Decisions Made
Welcome	Meeting Purpose <ul style="list-style-type: none"> <li>Share updates to State Health Improvement Plan based on feedback from Planning Council, State Board of Health, and Public Hearings</li> <li>Discuss next steps for the SHIP Implementation Coordination Council</li> </ul>	Did not meet quorum to approve minutes
Agenda	Welcome and Overview <ul style="list-style-type: none"> <li>Roll Call</li> <li>Minutes</li> </ul> State Health Improvement Plan Update Next Steps Public Comment Closing  A PowerPoint presentation was provided for the update on the SHIP. Discussion then followed.	
SHIP ICC Role Discussion	<i>What is missing from the role of the SHIP ICC? What should be added or changed?</i> <ul style="list-style-type: none"> <li>Question: How can we make sure the support that we have gotten throughout the process from the government and state agencies remains throughout implementation?               <ul style="list-style-type: none"> <li>State agency members will still have a seat on the ICC and therefore will have continuous involvement. IDPH will also remain conscious of this matter.</li> <li>Many action team members seemed committed and excited to continue and expand best practices.</li> </ul> </li> <li>Question: How will all of this coordinate with the Health and Human Services Transformation Plan?</li> </ul>	

	<ul style="list-style-type: none"> <li>○ Dart: This population health plan is already one of the four planks of the HHS transformation plan, so coordination will be through the state government members who are involved in both and continued participation through the ICC by state agencies and state members.</li> <li>• Question: How will this plan be funded, as there is already a proposed budget by the governor? <ul style="list-style-type: none"> <li>○ There is no line item for this plan; we have to move forward with the resources we already have.</li> <li>○ As we move into implementation, ICC members should draft a proposal of the minimum resources as well as the ideal resources needed for implementation and how best to structure the process in order to maximize the resources available.</li> </ul> </li> </ul> <p><i>How should the SHIP ICC be structured to meet these objectives?</i></p> <ul style="list-style-type: none"> <li>• A staffing component provided by UIC has been a key ingredient of success in this plan; there should be a facilitation component moving forward.</li> <li>• Implement an ad hoc workgroup structure, which could include whomever on a voluntary basis, and eliminate open-meeting structures, as they require more commitment.</li> <li>• Using that type of structure as we get to implementation, ad-hoc groups can provide higher quality advice about what works and what doesn't.</li> <li>• We could combine these work groups with what the state agencies are already organizing around the transformation work.</li> <li>• Having "teammates" whose job is to support and organize is essential.</li> <li>• The frequency and calendar for these meetings would be up for discussion, possibly via survey in the next month.</li> <li>• It may be beneficial to have a planning group to create a proposal to outline the roles, responsibilities and structures for the ad hoc groups to avoid duplication and increase effectiveness of the groups.</li> </ul>	
Action Team Role Discussion	<p><i>Comments regarding steps moving forward</i></p> <ul style="list-style-type: none"> <li>• Make sure all state agency data is on the table and accessible.</li> <li>• Need to connect plan with governor's efforts in IT.</li> <li>• What is the link between SIM and our efforts? <ul style="list-style-type: none"> <li>○ SIM is more broad; this is the prevention and public health plank of the 4 part transformation effort that aims to make evidence-based and data-driven decisions.</li> </ul> </li> </ul> <p><i>What are you most hopeful or optimistic about this plan?</i></p> <ul style="list-style-type: none"> <li>• Group feedback is encouraging.</li> <li>• Multisector, multi-layered input from the stakeholders who are engaged.</li> <li>• Instead of working in silos, we can work together as a state and know what is going on.</li> </ul>	There was consensus that an action team structure proposal and the inclusion of a SDOH action team should be developed.

	<ul style="list-style-type: none"> <li>• Good work and solid process should result in a smooth deployment.</li> <li>• Getting actual results.</li> <li>• Working collectively as a state with multiple agencies.</li> <li>• The federal change in the payment mechanism for Medicare (MACRA) has paved the way for possibility of population health, and we have started to set up population health strategies that fit into value based payments.</li> <li>• Team approach.</li> <li>• Assessment and results driven comprehensive and integrated systems approach.</li> <li>• Vision that most primary care will be done in teams that coordinate care for a population of people.</li> </ul>	
Next Steps	IDPH will be in contact via email regarding next steps for the implementation council.	
Public Comment	None.	
Adjourn	The meeting was adjourned at 2:15 PM.	