Safety Net Innovation Challenge

a joint effort of CCI and Blue Shield of California Foundation
Frequently Asked Questions

Submissions:
Please submit the following online through the CCI website by 5 p.m. on Wednesday, December 19th:


1. Safety Net Innovation Challenge Application Form
2. Safety Net Innovation Challenge Narrative
3. Safety Net Innovation Challenge Budget

Eligibility Criteria:
Clinic corporations, ambulatory care clinics at public hospitals, and other California-based nonprofit health centers that provide comprehensive primary care services to primarily underserved populations are eligible to apply. Regional clinic consortia and statewide clinic associations are not eligible to apply.

Organizations must be a nonprofit and tax-exempt organization under 501(c)(3) of the Internal Revenue Service Code (IRC) or a governmental, tribal, or public entity. Examples of eligible organizations that comprise the safety net include:

- Free-standing community clinics and health centers
- Ambulatory care clinics which are part of public hospital systems either located in the public hospital or out in the community
- Primary care health centers (including those sponsored by Public Health departments)
- American Indian Health Centers

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NOTICE OF FUNDING AVAILABILITY

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Background

“Simply put, the conditions for health care innovation have never been better than they are today. We have growing demand for new tools that can improve care and reduce costs. We have a growing number of platforms that can support those tools. And we have a growing amount of available data that can power those tools……. It’s a health care future with better care, less waste, stronger connections with your doctor, and more control. And the only way we can get there is by closing the health innovation gap.”

– Secretary Kathleen Sebelius

The passage of the Affordable Care Act (ACA) set into motion the beginning of a seismic shift in health care. Successful implementation of reforms depends in large part on the capacity of local health care safety net providers to transform themselves into coordinated systems of comprehensive care. For the health care safety net to become a model to emulate, it will need to innovate and improve primary care.

The IHI Triple Aim focus on improving the health of the population, enhancing the patient experience, and reducing per capita cost of care provides clear goals for improvement and innovation efforts in the safety net. CCI’s initial round of Innovation Challenge funding in 2011 asked clinics and health centers to think about using the IHI Triple Aim framework to design and implement innovative projects that aligned with their broader transformational clinic goals. We learned that it was a hefty request to address all three triple aim goals simultaneously in one innovation project and building innovation skills required different expertise than applying the Triple Aim framework. Through our initial round of funding, we spent more time supporting improvement rather than innovation. Our hope is that those with strong improvement expertise will now be well positioned for a more aggressive approach to innovation in this next phase.

The Triple Aim framework still provides an important frame for our overall work at CCI. However, in this round of funding, we are looking to step beyond improvement and are asking safety net providers to push their ideas further and take risks as they focus on innovations that could improve care in a way that also drives improved system performance and metrics. While improvement work raises the quality of a current process or activities, innovation creates positive change by introducing new methods, ideas or approaches to creating new solutions to a critical problem.

Our goal is to support new ideas that have the potential to significantly improve health care for underserved communities and to create a culture of innovation in safety net organizations by training them in the process of innovation. We will support ideas that have high leverage, can alter the profile of care and can be implemented at the end of a rapid innovation process.
Successful applicants will work with innovation design firms and the Institute for Healthcare Improvement (IHI), utilizing their Rapid Cycle Innovation process, to explore ideas and, ideally, bring them to implementation. By bringing the right people, ideas and resources together, we will build innovation skills among participants so they can continue to develop new projects beyond the life of this program.

Areas for Innovation

In 2012, CCI launched the Safety Net Innovation Network to support the adoption and spread of innovations to improve care delivery with the aims of measurably better health, improved patient experience and lowered costs in the safety net in California. The network will help support a variety of innovation activities for safety net providers including this next innovation challenge grant program. Through this network, we have worked with innovators in the field to identify a set of key areas to focus innovation efforts on, and we are aligning this opportunity with them:

CARE TEAMS WITH PATIENTS AS CORE TEAM MEMBERS: As primary care providers continue to be stretched and in short supply, identifying mechanisms to better leverage all members of the care team and incorporate the knowledge and capabilities of patients will be essential. Care teams are a critical building block of high performing primary care. Creating effective teams can be challenging and requires a shared vision, sharing responsibility across all team members for the patient’s health and common goals across the health care team and with patients on which to base communication and decision making.

We see highly effective teams in action every day. What can we learn from firefighters, sports teams, manufacturing or hospitality about teams? If money weren’t an issue, who would be on your dream health delivery team? If you asked your patient, who would they consider to be part of their health care team?

We are interested in supporting innovations that help to systematize fully functioning care teams, identify new approaches to engage the patient as a core team member by leveraging patient capabilities, goals and community resources, and support the needs of patients both within and outside the walls of the clinic.

IMPROVING ACCESS TO PRIMARY CARE: Primary care practices face a significant challenge in providing access to care as more people enter the health system and also have new choices for where they may access care in the future. The shortage of primary care providers will require experimentation to identify a variety of changes to how care is delivered. For example, what would change if services were co-located with other care partners? Or how might patients access their primary care team in the context of a real-time conversation with family members? While establishing care teams and improving scheduling systems can increase capacity and reduce wait times, other models for providing care outside of the traditional clinic setting will need to be explored in order to meet demand while continuing to improve quality. If we are moving into a health delivery model that focuses on quality rather than quantity, how does that change our thinking around access?

We are interested in supporting innovations that make considerable improvements in how patients can access care as measured by a broader array of non-visit based care options or dramatic reductions in waiting times. We are also interested in innovations that enable
patients to access care in ways that are convenient and responsive to the constraints of their daily lives.

**TRANSITIONS FROM HOSPITAL TO PRIMARY CARE:** Preventable hospital readmissions cost the health care system billions of dollars per year and with nearly 20% of Medicare patients re-hospitalized within 30 days of discharge, there is clearly a need to improve the transition to primary care. When patients are discharged from the hospital, it can be a confusing and overwhelming time for them. Communication between hospitals, primary care settings and the patient is fragmented and leads to poor health outcomes and higher system costs. What innovation is needed around collaboration and communication between health partners? What parallels from prisoner re-entry, for example, can we draw into healthcare? How do rewards, cost, personal consequences, societal consequences, community engagement and coaching influence successful re-entry programs?

We are interested in innovations that enable patients to better connect with primary care after hospital discharge so they can better manage their health and prevent costly readmissions. We are interested in innovations that enable improved communications between primary care, hospitals and patients so patients have the information and resources they need when they need it.

**Program Overview**

We are in the midst of an important and dynamic healthcare transformation and innovation will be at the core of effective change. Creative ideas can emerge from many sources, but finding the ones that will truly make a difference requires careful vetting and appropriate testing. CCI is looking to support new ideas, aligned with our three focus areas, which have the potential to significantly improve health care. We are also interested in promoting a culture of risk-taking and innovation among safety net providers and encourage applicants to submit bold ideas to transform care.

The Safety Net Innovation Challenge program includes two components that will support the development and testing of innovative concepts in the health care safety net.

a) Successful applicants will build innovation skills and will receive in-depth training and coaching from innovation design firms and IHI as they engage in a Rapid Cycle Innovation process for their idea. They will receive a $10,000 grant to offset staff time.

b) At the end of the Rapid Cycle Innovation process, the projects that are successful and ready for implementation will receive grants of $25,000 for an 8 month phase of further testing and implementation in 2013. Projects will receive ongoing coaching and support throughout this phase.

Applicants will need to define a specific problem or question, aligned with one of the program’s three focus areas, which they would like to investigate, along with initial thinking on what would constitute as “breakthrough” as contrasted with incremental improvement. We do not expect applicants to have fully developed ideas at the proposal stage, but the problem or opportunity should be clearly stated along with some rationale about the team’s capability to generate breakthrough solutions. Specific innovative ideas will evolve as applicants engage in the Rapid Cycle Innovation process.
The IHI Rapid Cycle Innovation Process

IHI’s Rapid Cycle innovation process is an engine for research and development. The process was designed to provide a reliable and efficient way to research innovative ideas, assess their potential for advancing quality improvement, and bring them to action. The process is based in part on Proctor and Gamble’s innovation method (Huston L, Sakkab N. “Connect and Develop.” Harvard Business Review. March 2006:58-66). All projects that are part of the process share some common characteristics:

- A specific question that needs to be answered;
- A charter that clearly states a problem;
- A network of innovators, along with other traditional methods (e.g., a literature search, prototype testing), to find answers to the problem described in the charter;
- A specific time frame for investigation, in this case 120 days (in some cases, less than 120 days if the project is smaller or the potential is unclear); and
- A decision at the end of 120 days that can include a recommendation to launch a new program, integrate content into an existing program, hold on additional development, or run another innovation project if further investigation is needed.

Components of an IHI Rapid Cycle Innovation Project

For each Rapid Cycle innovation project, there are three distinct phases of work:

Phase I (Scan): The initial 40 days of the project is spent scanning the literature and conducting key interviews with relevant individuals in organizations, both within and outside of health care. The project team assesses the current landscape in order to understand all the dimensions of the problem or issue. At the end of this 40-day period a complete charter is produced, including the aim of the project, a description of the current environment, a set of theories for how to solve the problem, the specifications for an effective solution, and an annotated bibliography.

Phase II (Focus): The subsequent 40 days is spent testing theories at the front line and refining ideas about what actually works. Health care organizations and, in some cases, organizations outside the field are enlisted as prototype sites to help test and develop ideas. At the conclusion of this phase the charter is updated with a list of contacts, people with experience testing in the area, and outcomes of tests.

Phase III (Summarize and Disseminate): The final phase of a project is spent concluding tests, summarizing lessons learned, preparing a description of the innovation and, if successful, a description of how development and implementation of the innovation would achieve significant improvements in one or more of the three focus areas.
Implementation of Successful Rapid Cycle Innovation Projects

At the end of the Rapid Cycle Innovation process, projects that can be implemented will receive grants of $25,000 and individual coaching from innovation design firms and IHI to implement in 2013. The ideas that will move to implementation will be those that can successfully navigate the Rapid Cycle Innovation process and have initial piloting occur around their idea. They will be able to show a logical connection or path to system level results in one or more of the three focus areas for this opportunity. They will also need to demonstrate a path to operational sustainability that will ensure that the work of the project will continue regardless of outside funding.

What are we looking for?

- **Creative Thinking** – We do not expect applicants to have fully developed ideas at the proposal stage, however we are looking for innovative thinking that will result in actionable ideas.

- **Engaged Leadership** – Successful projects will require leadership to commit staff time, be aligned with Innovation Teams and to support infrastructure and cultural changes.

- **Dedicated Innovation Team** – Teams will need sufficient staff time allocated to engage in the process and either a leadership member or linkage to leadership to communicate the outcomes of their work. Since staff capacity for intensive projects can be challenging, teams could leverage outside resources such as Encore fellows or graduate students to assist with the project.

- **Commitment to Innovation** – Creating a culture of innovation requires encouragement of ideas from all staff, allocation of staff time for development and engaged leadership that supports efforts and implements actionable ideas.

- **Big System Impacts** – We are interested in ideas that have high leverage, will significantly alter the way care is delivered and have the potential for big system impacts. It is important that teams convey a vision of the kind of result they believe is possible—a result that goes beyond incremental improvement.

- **Participation in 1-day kick-off** – The core team from an organization will need to participate in an all-day educational meeting on February 26, 2013. At this session, teams will hear from design experts, learn about the innovation process and kick off the 120 day cycle.
What resources will be provided?

Successful applicants will receive training and coaching on innovation skill building from innovation design firms and IHI throughout the process, as well as ongoing support from CCI. They will receive $10,000 grants to offset staff time for participating in the project. Innovative ideas that are able to be implemented at the end of the 120 day process will receive an additional grant of $25,000 for implementation in 2013 and will receive individual coaching throughout implementation.

Who’s eligible to apply?

Clinic corporations, ambulatory care clinics at public hospitals owned and operated by public hospitals (either at the hospital or in the community), and other California-based nonprofit health centers that provide comprehensive primary care services to primarily underserved populations are eligible to apply. Regional clinic consortia and statewide clinic associations are not eligible to apply.

Organizations must be a nonprofit and tax-exempt organization under 501(c)(3) of the Internal Revenue Service Code (IRC) or a governmental, tribal, or public entity. Examples of eligible organizations that comprise the safety net include:

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- American Indian Health Centers
What’s the application process?

Interested organizations are encouraged to participate in an Informational Conference Call/Webinar:

**Bidders Conference Call/Webinar Information:**
November 15, 2012 at 11:00 am
Please register for this webinar at: [https://attendee.gotowebinar.com/register/6501222385389991168](https://attendee.gotowebinar.com/register/6501222385389991168)

For the audio portion only, please use this information:
Dial-in number: 866-206-0240
Pass code number: 644122#


Please use size 11pt font or larger and margins no smaller than 1 inch when writing your 6 page maximum narrative.

Proposals will be reviewed by CCI and an external review committee and awards will be announced on February 15, 2013.

**Proposal Questions**

Please answer the following questions in 6 pages or less using at least 11 point (non-narrow) font and at least 1 inch margins.

1. What is the problem you are trying to solve or opportunity you are trying to address? Please state the specific question you will try to answer with the Rapid Cycle Innovation process.

2. Preliminarily, are there 1-3 ideas that you think have promise and would like to investigate in the rapid innovation cycle?

3. How might you know that breakthrough improvement had occurred? This would include potential quantitative measures of process and outcome, as well as qualitative measures such as patient and provider satisfaction with the new design(s).

4. Please describe why this idea is innovative.

5. Please provide a brief description of an innovation you have tried in the past and what you learned (both success and failure).

6. Please explain why your Innovation Team members were selected. Describe how you will ensure they have adequate time to dedicate to this project.

7. What additional resources would help your organization succeed with the innovation process?
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Blue Shield of California Foundation (BSCF) is committed to making health care effective, safe and accessible for all Californians, particularly underserved people, and to ending domestic violence. BSCF believes safety and access to health care are fundamental rights of everyone and that ensuring Californian’s health and safety requires the involvement of individuals, employers and government agencies.

www.blueshieldcafoundation.org

Center for Care Innovations (CCI) — is a vital source of ideas, best practices and funding for California’s health care safety net. By bringing people and resources together, we accelerate innovations for healthy people and healthy communities.

www.careinnovations.org