

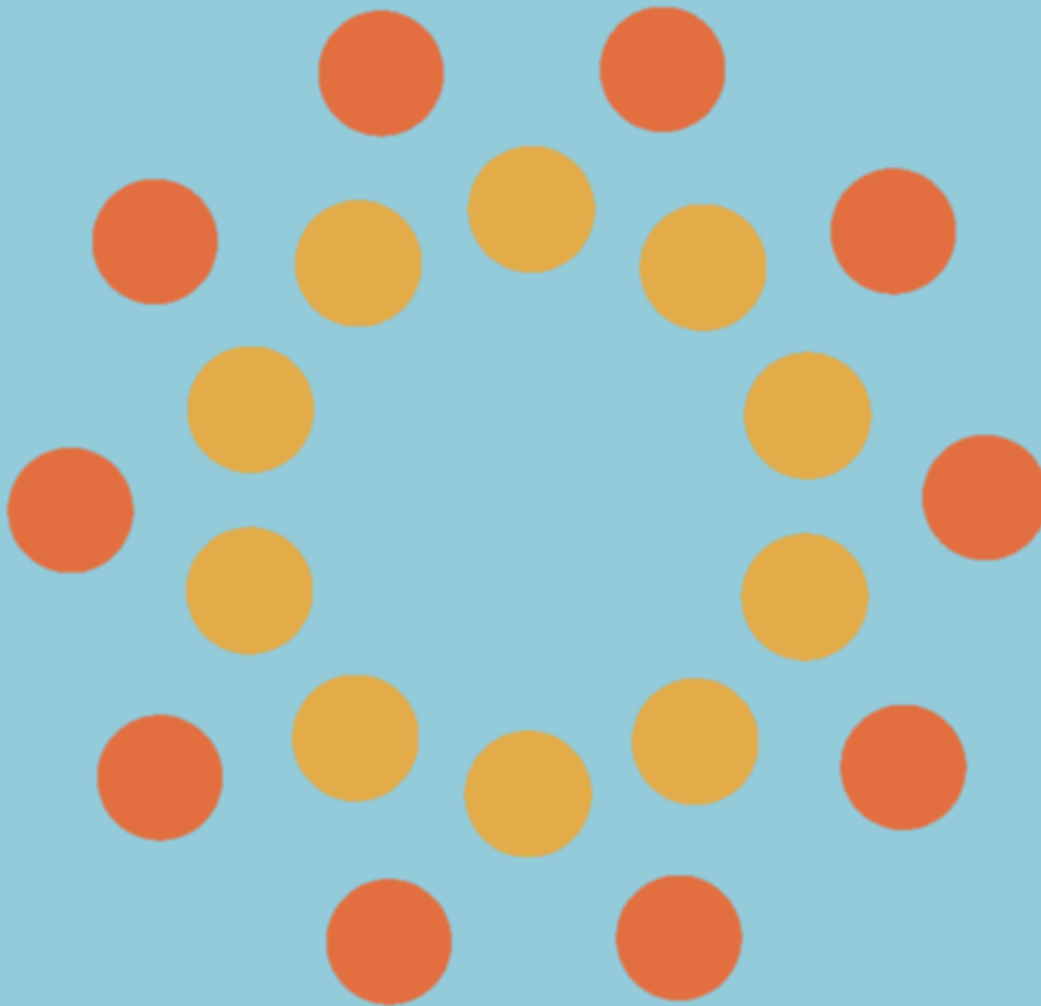


CCI

CENTER FOR CARE
INNOVATIONS

Co-Design for Better Care

November 2014



A joint effort of CCI and Blue Shield of California Foundation

IMPORTANT DATES

Informational Webinar

Nov 24, 2014, 12- 1 pm PT

Application Deadline

Dec 19, 2014, 5 pm PT

Award Notification

January 30, 2015

Kick-off Webinars

Feb 10, 2015 12-1 pm PT

Feb 26, 2015 12-1 pm PT

In-Person Training

Mar 13, 2015

Application at a Glance

How do I apply?

Submit an application [online here](#) by 5:00 pm PDT on Friday, December 19, 2014. Applicants will be required to upload a response to the proposal questions and a preliminary budget worksheet.

Who is eligible to apply?

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

Organizations must be nonprofit and tax-exempt organizations 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

Where can I find more information?

Attend the Co-Design for Better Care Informational Webinar on Monday, November 24, 2014, 12-1 pm PT to hear a detailed description of the program and ask questions. [Register here](#) for the webinar.

For any other questions, please contact:

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REQUEST FOR PROPOSALS

Co-Design for Better Care

A joint effort of CCI and Blue Shield of California Foundation

Program Background

After years of preparation, the 2014 implementation of the Affordable Care Act is finally here, offering both tremendous challenge and unprecedented opportunity to rethink the way care is delivered. One such opportunity lies in delivering patient-centered care, the paradigm that seeks both more efficient care models and improved health outcomes, in large part through a focus on the patient as an active participant in his or her care.¹

Many advances have already been made toward achieving a care environment in which patients are active participants. In CCI's Optimizing Patient Experience (OPE) and Engaging Patients to Improve Care (EPIC) programs, participating health centers have systematically trained staff to improve communication skills, built and facilitated patient and family advisory councils, and collected point of service experience data from patients to quickly produce actionable information for improvement. Encouraged by important incentives to meet national standards for establishing patient-centered health homes, healthcare organizations throughout the country have shifted increasingly more attention and resources towards building a more patient-centered system of care.

These efforts and achievements by health centers around patient-centered care serve as the building blocks of a more efficient and effective care delivery system that serves the needs of its patients. In order for these change initiatives to be truly transformational, however, we must work to include the patients themselves in every step of the care redesign process, which draws on the principles of human centered design. This approach to problem solving, studied and applied in CCI's Innovation Catalyst program, combines creative and analytical processes to help organizations see the world through the eyes of their patients.

In partnership with Blue Shield of California Foundation, CCI is excited to offer a new program that builds on the achievements gained in patient-centered care, and further strengthens these efforts by actively including the patient and family in the care redesign process. The Co-Design for Better Care program provides grant funding and technical assistance for healthcare organizations in California to partner with patients using the change methodology of experience-based co-design. By offering the Co-Design for Better Care program, we hope to provide an opportunity for health centers to profoundly enhance their approach to care redesign by engaging patients as essential partners in this transformation.

Program Overview

Experience-based co-design (EBCD) is a systematic approach to incorporate the patient perspective and voice in improving care delivery. This strategy is rooted in using real-time, direct observation to understand exactly what patients and families experience while receiving care. EBCD involves gathering experiences from patients and staff through in-depth interviews, observations and group discussions; identifying key 'touch points' (emotionally significant moments in the care experience); and incorporating patients and family directly in the improvement design process. This approach builds upon the principles of human-centered design of empathizing with end-users and mapping the experience of care through the eyes of patients and families. EBCD has resulted in creating high

¹ Langer Research Associates. (2013) [Building Better Health Care for Low-Income Californians](#).

performance care teams and deep, patient-centered culture change throughout many health care organizations.

CCI has partnered with The Patient & Family Centered Care Innovation Center (PFCC) to offer California clinics the opportunity to try this innovative technique. PFCC is a non-profit organization founded in 2006 at the University of Pittsburgh Medical Center (UPMC). PFCC developed the Patient and Family Centered Care Methodology & Practice (PFCC M/P), a methodology built on the fundamental components of experience-based co-design that aims to shape the care experience in direct response to the needs and desires of patients and families. The goal of this program is to engage patients and families with cross-functional teams of care givers from all levels of the organization to co-design ideal care delivery.

Since 2006, over 65 PFCC Working Groups have been launched at eight UPMC hospitals and in outpatient and pre- and post-acute care sites. The model has also been adopted by numerous health care organizations outside of UPMC — regionally, nationally, and internationally. The effect of the PFCC methodology in these sites is profound. Successful implementation of these PFCC M\|P projects showed significant impact on improved health outcomes, better care experiences and reduced costs.²

In the six-step PFCC methodology, a core project team, referred to by PFCC as a Guiding Council, first meets to identify a specific episode of care to focus on by shadowing patients through their care experience. An episode of care is defined as any care experience in the ambulatory clinic which can be documented and improved, such as a visit with a patient with a chronic condition, a new patient visit, or an urgent care visit.

Next the core project team recruits patient representatives and other staff to collaborate in the improvement process around this episode of care. This expanded team, referred to by PFCC as the Working Group, does additional shadowing to map the flow of the care experience. The touch points identified by this flow map are used by the working group to develop a shared vision of the ideal care experience.

Based on this vision, the working group forms smaller, topic-specific improvement teams that also include patients and families. Together, these teams develop focused change initiatives to improve the overall episode of care. This may include ways to automate processes with technology, deliver upstream care, or rethink care teams. More in-depth information about the PFCC M/P methodology can be found [here](#).

In CCI's Co-Design for Better Care program, PFCC will guide selected health centers through the process of implementing this methodology in their organizations during the 10-month program. Participants will select a core project team to attend PFCC's daylong VisionQuest training program. This is an interactive workshop in which participants learn how to implement the PFCC M/P methodology described above. PFCC will also lead 6-8 support webinars throughout the program period to support health centers in their implementation process. These sessions will serve as the infrastructure of the participants' learning community, as well as an opportunity for PFCC to guide health centers through challenges that arise. CCI will provide additional support and coaching throughout the program in response to the emerging needs of the participants. Participating health centers will be expected to apply the PFCC methodology to their selected episode of care and implement 3-5 improvement projects within that episode throughout the program duration.

Program Support

Successful applicants will receive a \$15,000 grant to support the implementation of this program. For this program, CCI and PFCC commit to do the following:

² The PFCC High Impact Projects. Retrieved from <http://www.pfcc.org/high-impact-projects>.

- ❖ Host and facilitate the one-day VisionQuest workshop in Los Angeles or San Francisco Bay Area. To read more about the PFCC VisionQuest workshop, [click here](#).
- ❖ Provide VisionQuest workshop materials and additional related resources
- ❖ Host two introductory PFCC webinars prior to the VisionQuest workshop and six subsequent support webinars throughout the duration of the 10-month program
- ❖ Offer additional coaching in project implementation, as needs arise.

Program Requirements

Each organization selected will be expected to make the following commitments:

- ❖ Designate 3-5 staff members to be part of the core project team. Core project team should consist of, at a minimum, an executive sponsor, a clinical champion, and a project manager.
- ❖ Send the members of its core team to the one-day PFCC VisionQuest workshop on March 13, 2015. This workshop will be held in the San Francisco Bay Area or Los Angeles. Project team members will also be expected to attend the introductory webinars on February 10 and February 26 prior to VisionQuest workshop, as well conduct the initial shadowing activity prior to attending the VisionQuest.
- ❖ Actively engage in the ongoing support webinars throughout the project to share experiences, lessons-learned and challenges.
- ❖ Implement a minimum of 3-5 improvement projects for the selected episode of care using the PFCC methodology.
- ❖ Measure the impact of the applied methodology through patient experience measures and other clinical and cost measures related to the selected episodes of care. Teams are also expected to participate in program evaluation activities including interviews and surveys.

What are we looking for?

This program is best suited for primary care health centers and clinics that demonstrate the following:

- ❖ Strong leadership commitment to build a patient-centered culture by actively engaging patients in their work to improve care delivery at their organization.
- ❖ Notable experience in engaging patients in the organization's improvement process. Some examples of this might include development of a patient and family advisor council or robust patient experience surveys and demonstrated ability to use the results to guide change initiatives.
- ❖ Experience with and understanding of human centered design principles.
- ❖ Ability to identify members of a dedicated core project team. At a minimum, the team should include an executive sponsor, clinical champion, and project manager.
- ❖ Commitment to allocate the time needed to allow the team members to attend the technical assistance sessions, as well as implement at least 3-5 improvement projects for the selected episode of care.
- ❖ Dedication to ongoing measurement and improvement of patient experience and patient-centered care.

Eligibility

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.

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

How to Apply

STEP 1 | ATTEND AN INFORMATIONAL WEBINAR (OPTIONAL)

Interested applicants are encouraged to participate in a webinar on November 24, 2014 at 12-1 pm PT.

Dial-in: **866.740.1260**
PIN Code: **5617817**
Register: <https://cc.readytalk.com/r/2wt2034co72n&eom>

STEP 2 | APPLY ONLINE

Applications must be submitted online by 5:00 pm PT on Friday, December 19, 2014 using the application submission form here: <http://www.tfaforms.com/353105>

Applications should include the following:

- ❖ Application Submission Form information
- ❖ Responses to application questions — must total 5 pages or less using at least 11 point font
- ❖ Project Budget Worksheet — download budget template [here](#)

Proposals will be reviewed by CCI and an external review committee and awards will be announced by Friday, January 30, 2015.

Application Questions

Please answer the following questions in five pages or less using at least 11-point font.

1. How are the program's objectives relevant to your organization and patient population?
2. Tell us about any prior or current initiatives that incorporate patients and the patient voice in the quality improvement process. Describe some of the successes and challenges you have faced in these endeavors.
3. Describe one or two episodes of care that your team might choose for this project and why.
4. Describe how your organization measures patient experience and how you use the resulting data to improve the way care is delivered.
5. Describe your organization's experience with human centered design principles and how you have used it in your care improvement processes.
6. Clinics must appoint a core project team to participate in this program. Please list the name, title and project role of each member of this team. At a minimum, the team should include an executive sponsor, clinical champion, and project manager. Describe why each individual was chosen for this project team.



A joint effort of

Center for Care Innovations (CCI) partners with health care safety net providers to help them transform care for underserved populations. CCI is a vital source of ideas, best practices and funding to support the adoption and spread of innovations to improve health, reduce costs and improve the patient experience of care. By bringing people and resources together, we accelerate innovations for healthy people and healthy communities.

www.careinnovations.org



Blue Shield of California Foundation is an Independent Licensee of the Blue Shield Association

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