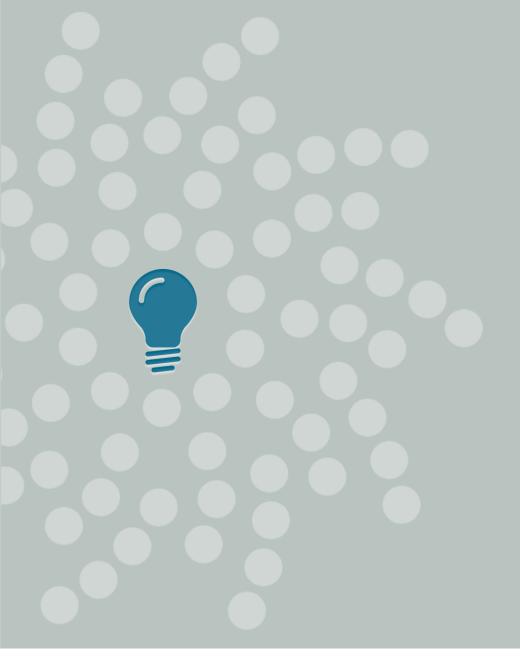


Cultivate Fund

November 2014





IMPORTANT DATES

Informational Webinar:

Dec 1, 2014, 11:00 am

Application Deadline:

Jan 9, 2015, 5:00 pm

Award Announcement:

Feb 6, 2015

Kick-Off Webinar:

Feb 17, 2015, 11:00 am

Application at a Glance

What do I need to submit?

Please submit the following materials online by 5:00 pm on Friday, January 9, 2015: http://www.tfaforms.com/353117

- 1. Responses to application questions
- 2. Project team roster and roles
- 3. One Letter of Support from an executive sponsor
- 4. Budget form (download budget template here)

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 Informational Webinar on Monday, December 1, 2014, 11:00 am PT to hear a detailed description of the program and ask questions. Register here for the webinar.

For any other questions, please contact:

Program Manager, Learning & Innovation (415) 561-6395 roza@careinnovations.org



REOUEST FOR PROPOSALS

Cultivate Fund

A joint effort of CCI and Blue Shield of California Foundation

Program Background

This is an incredible time of change in health care. With the implementation of the Affordable Care Act and the introduction of millions of newly insured people into the health system, health care providers are being challenged to think about how to deliver care in new ways to meet this demand. The reimbursement environment is moving away from volume-based reimbursement to an increased focus on value-based payment systems. These significant shifts in the health care safety net mean health centers and public hospitals must do things differently if they are to survive and thrive in the new marketplace. CCI believes innovation is essential if we are to truly deliver the high quality, cost-effective care that patients deserve and need in order to be healthy.

However, we also understand that health centers continue to be overwhelmed by tight budgets, staff turnover, and limited time to manage both short-term crises and long-term change. We recognize that it is challenging to take risks, form partnerships and adopt best practices while operating on thin margins. CCI believes that providing safety net leaders with the skills, leadership, networking opportunities, coaching and resources to develop and spread innovative solutions is critical for adapting in this rapidly changing environment.

CCI is committed to creating a culture of innovation in the safety net in three different ways – we spark, seed, and spread innovation. We believe each of these approaches is critical to meeting today's challenges and building resilient systems of care for underserved populations. We work to support safety net organizations at each stage in this process.



SPARK: We activate leaders in the field to push their thinking beyond incremental improvement and discover new ways to approach familiar problems. CCI's Catalyst program builds human-centered design skills that combine creative and analytical approaches to help organizations see the world through the eyes of their patients, providers and staff. It allows them to explore new ideas, business models and health care services that truly meet the need of underserved populations.



SEED: CCI believes it is important to support organizations to be creative, take risks and test out new ideas. At the seed stage, we help teams move from generating ideas to piloting innovations in a variety of focus areas that have included improving access to care, building care teams, and smoothing transitions from hospitalization to primary care.



SPREAD: There is a great deal of innovation occurring both inside and outside of the health care delivery system that can be adapted to solve critical health care problems. At the spread stage, we disseminate successful approaches to safety net clinics across California.

Through our Catalysts and other innovators in the safety net, a number of promising ideas have started to take hold to improve care for vulnerable populations, but have not yet been widely adopted. To get ideas from the heads of innovators to the floors of health centers, organizations need the time, resources and motivation to take risks, test prototypes, learn new tools, and put new ideas into action for the first time. This is what we are tackling with the Cultivate Fund—the seed stage where notions grow into solutions that make a difference in people's lives. This fund will support the testing of new



and bold ideas that are emerging from safety net organizations, other health systems, and entrepreneurs with early-stage solutions. We hope these ideas will have the potential to spread, and to significantly improve patient experience, lower costs, and produce better health outcomes for populations throughout the safety net.

Program Overview

CCI, in partnership with the Blue Shield of California Foundation, is launching the Cultivate Fund to enable innovators in the safety net to take ideas from concept to implementation with the ultimate goal of developing solutions that can be spread and sustained within their organization and other safety net clinics. With grants of up to \$30,000, innovators are given 8 months to iterate their concept and begin implementing the innovation in their own organization.

Creative ideas can emerge from many sources, but finding ones that will truly make a difference requires first a focus on understanding the experience and needs of the end-user—including patients, providers, and staff. In doing so we can frame the opportunities before jumping to solutions. Successful innovations should address an important need and solve the root cause of a problem.

Through the Cultivate Fund, CCI is looking to support new and bold ideas that solve the needs of people experiencing critical problems that have the potential to spread and significantly improve health care for underserved populations. We are also interested in promoting a culture of risk-taking and innovation among safety net providers and encourage applicants to stretch their thinking beyond incremental improvement to reimagine how care can be delivered. The goal is to help innovators quickly build, test, learn and implement ideas that work. Applicants will need to clearly define a specific problem or opportunity as well as the team's approach for understanding user needs and insights to frame their solution. We do not expect applicants to have fully functioning projects that are ready for spread, and we understand that some innovations will evolve and change as the solution undergoes further testing and refinement. However applicants should be able to do the following:

- Clearly state the problem or opportunity,
- Demonstrate how they have gathered insights from the end-users to frame the solution,
- Describe the solution or prototype with some level of detail,
- Share any early feedback from testing the solution,
- Clarify why this solution is worth further testing and implementation, and
- ❖ Be able to demonstrate a path to operational sustainability beyond the grant period.

Areas for Innovation

Through the Safety Net Innovation Network, we have identified three key areas for innovation that are critical to driving the practice changes necessary to thrive under the ACA and upcoming changes in payment systems. We are aligning the Cultivate Fund to pursue these goals:

IMPROVING ACCESS TO PRIMARY CARE: Primary care practices face a significant challenge in providing access as more people enter the health system and also have new choices in where they can 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 might we change if services were co-located with other care partners? Or how might we enable patients to 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 might we change our thinking around how to provide patients access to the care they want when they need it?

We are interested in supporting innovations that make considerable improvements in how patients access care, either 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.

PATIENT ENGAGEMENT: A growing body of evidence shows that patients who are more actively involved in their health care experience have better health and incur lower costs. Patients continue to be the biggest untapped resource in health care, yet often they do not have the information and confidence to fully engage in health care decisions. Safety net providers need to identify approaches for better helping patients to make difficult behavior changes necessary to stay healthy. A one-size-fits-all approach to engaging patients does not work, and we need more experimentation to identify ways to engage patients in their care. For example, how could technology be used to tailor messages and resources to be more relevant to lowincome patients? What can we apply lessons from other industries about how to engage consumers in purchasing and using technology tools like smartphones? What can we do to dramatically improve the relationships between patients and their care teams so they are fully engaged in their health care?

We are interested in supporting innovations that make significant improvements in how patients can be informed, involved and engaged in making better health care choices. We are interested in solutions that can tailor care for patients at different literacy levels and in multiple languages; solutions for patients at different activation and motivation levels; and provide patients with options to engage in a spectrum of platforms from no-tech and high touch to high-tech and low touch.

POPULATION HEALTH MANAGEMENT: As health care payment models shift from encouraging volume-driven care to value-driven care, providers will be rewarded for caring for and managing the health of populations of patients. This requires health care systems to move from a reactive mode of treating patients to a more pro-active approach that is coordinated and responsive to the needs of all patients—not just the ones entering the doors of the clinic. There are many aspects to effectively caring for populations of patients: collecting data to better understand patient populations, having the ability to risk-stratify patients with gaps in care, developing integrated care delivery models to be responsive to different types of patients, building care team models and approaches to engage patients differently, and leveraging technologies and solutions to make better use of limited human capital in the clinics.

We are interested in a variety of solutions that could leverage data to better understand patient's lives and then tailor care accordingly. We are interested in seeing whether health center staff and providers could be used more effectively and judiciously to ensure all patients get the care they need when they need it. We are also interested in solutions that extend beyond the walls of the clinics to reach patients who may not be taking advantage of primary care services.



Program Support

Successful applicants will receive funding to offset staff time, travel costs for in-person meetings, and implementation costs for the project. Grants and support will range from \$20,000 - \$30,000 according to the needs of the project and level of complexity in implementation. Projects will be implemented from March - December 2015. In addition, grantees will have access to coaches, design consultants and a peer network of trained innovators through the Catalyst community www.wearecatalysts.org. Grantees will also have access to a program evaluator to develop a measurement plan to assess impact of the innovation.

Additional coaching will be available to selected teams depending on specific needs of the organization and project. The coaches will be available to assist with the following activities:

- Assist with applying the principles of design thinking to specific projects
- Hold teams accountable for developing and implementing work plans
- Problem solve with teams as they experience barriers in implementation
- Connect teams to additional resources as needed

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
- Attend kick-off webinar on Tuesday, February 17, 2015 from 11:00 am 12:00 pm
- Attend periodic webinars with other grantee teams to share experiences
- Actively participate on the Catalyst online portal www.wearecatalysts.org by sharing progress on project and contributing to the discussion forum
- Actively engage with CCI coaches and evaluator as appropriate
- Develop a measurement plan and report final evaluation data to CCI
- Participate in 1-day in-person Innovation Fair (Spring 2015 TBD)
- Complete an adoption guide as a final deliverable

What are we looking for?

CCI is looking to support projects that demonstrate the following:

- Creative Thinking We are interested in "stretch" innovations that push organizations to try bold and potentially risky ideas and implement approaches that have not yet been tried in safety net organizations.
- ❖ Dedicated Innovation Team Teams will represent both do-ers and influencers across the organization dedicated to moving ideas to implementation. 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.



- Engaged Leadership Successful projects will require organizational support for risk taking and testing new ideas. Leadership will need to commit staff time, be aligned with innovation teams and support infrastructure and cultural changes.
- ❖ Big System Impacts/Spread We are interested in ideas that have high leverage, that will significantly alter the way care is delivered, and that 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.
- ❖ Human-Centered Design Application It is also important that ideas are rooted in some understanding and application of human-centered design principles to identify opportunities and develop solutions to meet the needs of the end user.
- Early-Stage Testing Ideally, we are looking for ideas with some level of early testing, including user feedback to validate further development of the pilot. Additionally, we are equally interested in grassroots, homegrown ideas, or external solutions that have not been piloted in the safety net, e.g. partnering with a digital health company.

If considering an external solution, please note that we will not fund projects that are already being piloted or implemented through other CCI programs, including:

- Text messaging/SMS reminders
- Video visits
- Telephone visits
- Diabetic retinopathy screening
- Or digital health companies currently being piloted in California safety net systems.

By Dec 2015, projects will be fully implemented (on a small scale) and teams will have collected data to show impact of the innovation on the problem being solved. Successful projects that emerge will be considered as a featured innovation for the next round of CCI's Spreading Innovations Program to help disseminate effective ideas to new safety net organizations.

Eligibility

We are looking for teams of 3-5 from clinic corporations, ambulatory care clinics 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 underserved populations. Regional clinic consortia and statewide clinic associations are not eligible to apply.

Applicants 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



How to Apply

STEP 1 | ATTEND AN INFORMATIONAL WEBINAR (OPTIONAL)

Interested applicants are encouraged to participate in a webinar on Monday, December 1, 2014 at 11:00 am PT.

> 866.740.1260 Dial-in: PIN Code: 5617817

https://cc.readytalk.com/r/xz1922avzzgm&eom Register:

STEP 2 | APPLY ONLINE

Applications must be submitted online by 5:00 pm on Friday, January 9, 2015. http://www.tfaforms.com/353117

Applications should include the following:

- Responses to application questions
- Project team roster and roles
- One Letter of Support from an executive sponsor
- Budget form (download budget template here)

Awards will be announced on February 6, 2015.

Application Questions

Please answer the following questions in 4 pages or less using at least 11-point non-narrow font.

- 1. Describe the problem you are trying to solve. Why is this a problem? Who does it impact and what have you learned about the root causes of the problem. What have you done to understand the users perspective about this issue?
- 2. Describe the solution that you would like to implement. Please include enough detail so those not involved in developing the solution can understand how it will be implemented in your organization.
- 3. Describe any early data or feedback you (or others) have about how this solution will work into the workflow of your organization?
- 4. How will you go about implementing your solution and who will be involved? Who is your core team and why were they selected?
- 5. How will you know whether the pilot implementation is successful? How will you measure success? (i.e. what types of metrics will you collect over the 8 month period) How will you spread the idea beyond the initial pilot?
- 6. What challenges do you think you will face as you move forward? What can CCI do to help address these potential barriers?
- 7. What resources will you need to implement your idea (e.g., expertise, coaching, technology or other outside partner)?

Letter of Support

The letter of support from an executive sponsor must specify organizational support for the idea, why this team was selected and how they are positioned to succeed in this project.

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