



Engaging Patients to Improve Care

Request for Proposals
June 2013

IMPORTANT DATES

Bidder's Webinar:
1:00pm, June 18, 2013

Application Deadline:
12:00pm, July 17, 2013

Award Announcement:
August 30, 2013

Frequently Asked Questions

Bidder's Webinar (optional):

Tuesday, June 18, 2013, 1:00 pm.

Please [register](#) for this webinar. Web login and dial-in information will be provided in the registration confirmation.

Submissions:

Applicant organizations must submit the following materials by 12:00pm on Wednesday, July 17, 2013 online at:

<http://www.careinnovations.org/programs-grants/grants/epic>

1. Engaging Patients to Improve Care [Application Form](#)
2. Engaging Patients to Improve Care Narrative
3. Engaging Patients to Improve Care [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

Contact Information:

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REQUEST FOR PROPOSALS

Engaging Patients to Improve Care

a joint effort of CCI and Blue Shield of California Foundation

Background

As 2014 draws near, the Patient Protection and Affordable Care Act (ACA) continues to drive the conversation among community clinics and safety net providers on how to build a stronger partnership with their patients. With the promise of millions of additional insured Californians with more provider choices, safety net institutions will need to shift how they deliver care to better reflect the needs and desires of their patients. A fundamental component of this transformation will be to develop systems of care that are patient-centered, incorporate the patient voice, and result in a positive patient experience. A study conducted by Langer Research Associates in 2012 showed that low-income Californians that report having personalized healthcare experiences are more satisfied with their overall quality of care. The findings indicate that these personalized experiences help patients feel more able and confident about taking an active role in their health and healthcare decisions.

In partnership with the [Blue Shield of California Foundation](#), the [Center for Care Innovations](#) (CCI) has supported a series of programs focused on innovations in the safety net, including innovations in patient engagement and experience. Using feedback from past programs and field surveys with our clinic partners, CCI aims to build on these existing efforts by offering the Engaging Patients to Improve Care program, which is tailored to meet the diverse needs of our clinic partners in this rapidly changing environment.

The Engaging Patients to Improve Care (EPIC) program goals are to:

- Strengthen the relationship between the patient, family, and members of the health care team
- Understand and incorporate the patient and family voice in efforts to improve the delivery of care
- Engage patients and families as partners in improving care with the long-term goal of improving their health and health outcomes.

Program Overview

Safety net organizations have many different needs when it comes to better engaging patients and families in improving care. Since successful initiatives build on clinics' pre-existing strengths and resources, CCI is offering three options that support the overall program goals and are tailored to meet a variety of clinic needs.

OPTION #1: PATIENT AND FAMILY ADVISORS

Incorporate the patient and family voice into Patient Centered Medical Home and primary care redesign activities by creating patient and family advisors.

As clinics and health centers pursue Patient Centered Medical Home (PCMH) certification and strive to build patient-driven systems of care, patient and family advisors can help create a culture in which patients and families are true partners in care and decision making. They can also help clinicians and staff recognize the value of patients' unique perspectives on improving care delivery. The use of patient and family advisors began in response to safety concerns and is now moving to become the new standard for creating health delivery systems that truly meet the needs of patients, families, and communities.

OPTION #2: POINT-OF-CARE PATIENT EXPERIENCE SURVEYS

Use short point-of-care surveys to gather patient and family feedback to drive improvements in patient experience.

Many health centers are systematically measuring patient experience by administering annual patient surveys. However, targeted and more frequent data from patients is needed to develop and monitor changes aimed at improving patient experience. Point-of-care surveys can play an important role in gathering additional, more nuanced data from patients to help clinics assess whether changes have been successful and guide change initiatives in patient experience.

OPTION #3: COMMUNICATIONS TRAIN-THE-TRAINER WORKSHOP

Use a train-the-trainer model to improve communication skills between staff and providers and their patients and families.

Studies have shown that two of the most important factors that affect a patient's care experience are easy access to appointments and strong communication with providers and staff. It is clear that every staff member that touches a patient can influence the patient experience. Therefore, changes to address patient experience should include every person at the clinic and be embraced by the clinic's leadership. A training that touches every staff member can be foundational to helping them understand how to treat and engage patients to improve health outcomes and patient experience.

Applicants can apply for one program option which is best aligned with their internal patient engagement strategy. Successful applicants will receive a grant of \$25,000 to support the implementation of the program they select.

Program Option #1: Patient and Family Advisors

BACKGROUND

As clinics and health centers pursue Patient Centered Medical Home (PCMH) certification and strive to build patient-driven systems of care, the needs and perspectives of patients and families are often lacking in these redesign efforts. However, clinics can build systematic approaches to hear directly from patients and family members on how to improve care delivery.

Patient and family advisors can help create a culture where patients and families are true partners in care and decision making. They can also help clinicians and staff understand the importance of the patient perspective in improving care delivery. The use of patient and family advisors in healthcare began in response to safety concerns and is now becoming the new standard for creating health delivery systems that truly meet the needs of patients, families, and communities.

PROGRAM IMPLEMENTATION PARTNER

[The Institute for Patient and Family Centered Care](#) (IPFCC) is a non-profit organization founded in 1992 that provides leadership to advance the understanding and practice of patient and family centered care. The Institute has been coaching and educating providers across multiple countries on the power of collaborative, empowering relationships among patients, families, and health care professionals. They have worked closely with safety net providers across the country and understand the unique challenges of delivering care to underserved populations.

PROGRAM OVERVIEW

The IPFCC will lead a collaborative action community with the selected teams to develop a cohort of patient and family advisors at each clinic site to guide the following efforts:

1. Incorporating the patient and family voice into the overall vision of the medical home
2. Partnering to develop and implement strategies to encourage and support patients and families as active members of their care teams
3. Supporting patients and families in maximizing their clinic visits
4. Developing and implementing approaches to improve continuity and coordination.

PROGRAM SUPPORT

Successful applicants will receive a \$25,000 grant to support the implementation of this program. IPFCC and CCI will provide technical assistance and support to the selected grantees. This support will include the following:

- Introductory webinar to help clinics recruit and select the patient and family advisors that they will bring to the kick-off event. They will help guide grantees to identify the right staff to serve as patient and family liaisons.
- Kick-off meeting to orient teams on the start-up process of involving patient and families in PCMH, provide tools and resources, and establish an ongoing process for coaching and support

- One-day site visit with each of the grantees, followed by ongoing coaching as needed, to support teams in developing their patient and family advisors
- Ongoing support through phone coaching and webinars
- Tools and resources for successful implementation
- Networking opportunities for seasoned advisors to coach and mentor new patient and family advisors.

PROGRAM REQUIREMENTS

Successful applicants will be committed to incorporating the patient and family voice into improving care delivery. With the guidance of IPFCC, each clinic organization will be expected to:

- Designate a core team to lead the effort, including a patient/family staff liaison with an executive sponsor, to engage in building a cadre of patient and family advisors
- Participate in an initial webinar
- Recruit and select a small cohort of patient and family advisors
- Attend one-day kick off meeting in Oakland (with selected patient/family advisors)
- Participate in a site visit from IPFCC staff (as needed)
- Demonstrate commitment to incorporating the patient and family voice into improving care delivery
- Try small tests of change to identify the best approaches for recruiting patients and families, incorporating them in care delivery discussions, and capturing the patient voice.

IDEAL APPLICANT

This program is best suited for ambulatory clinics that have:

- Strong leadership commitment to build a culture focused on including the patient/family voice into care delivery, organizational improvement, and decision-making
- Active efforts to support building and strengthening a patient-centered medical home
- Strategic priority on building the patient and family voice into the culture of the organization
- Willingness to engage patients and families in a variety of ways to improve care delivery
- Capacity to monitor these efforts and the lessons learned in order to show the impact of collaboration.

Program Option #2: Point-of-Care Patient Experience Surveys

BACKGROUND

Many health centers and public hospitals are systematically measuring patient experience by administering annual surveys to patients accessing their services. While there are a wide variety of instruments used to capture patient experience, many community health centers and public hospital clinics use The Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS).

While the CG-CAHPS might prove over time to be a reliable instrument that allows clinics to understand their overall patient experience across a variety of measures and to compare these results to other clinics, it was not designed to provide the timely data necessary to drive quality improvement efforts. Clinics need more targeted and frequent data from patients in order to develop and monitor changes aimed at improving patient experience.

Point-of-care surveys can play an important role in gathering additional, more nuanced data from patients to help clinics assess whether changes have been successful and make adjustments to refine patient experience efforts. This program option will provide clinics with qualitative feedback from patients and action-focused results to help guide change initiatives in patient experience.

PROGRAM IMPLEMENTATION PARTNER

[Quality Data Management](#) (QDM) is a leading healthcare research and quality improvement firm that offers unique process improvement tools to identify and target approaches to enhance patient experience. They offer clinics the opportunity to use short open-ended “pulse” surveys to capture verbatim patient responses. Using its sophisticated verbatim analysis technology, QDM classifies and quantifies patient responses. The results can be used for discovering benchmarked performance, best practices, level of patient expectation met, and actionable opportunities for improvement. This technique has been used successfully in multiple patient settings including physician offices, emergency departments and inpatient care units.

PROGRAM OVERVIEW

QDM will work with clinic organizations to develop and administer a multi-mode Pulse One Minute Survey™ (POMS) given to patients at the end of each visit about their care experience. This point-of-care survey asks only two questions (one open ended and the other a scale response question). The patients will receive the POMS card following their visit and have the option to complete it by leaving it in an office drop box, direct mail, phone or web. Each clinic organization will administer the POMS continually throughout the program year and QDM will generate three verbatim analysis reports during this period. These reports will guide sites to improve their patient experience programs by providing actionable steps for change in their organizations.

Throughout the program year, QDM and CCI will host four, two-day quality improvement seminars for designated quality improvement staff from each site. On the first day of each seminar, QDM will present the data findings for each clinic. To ensure the data findings

are used to spearhead patient experience improvement initiatives within an organization, the second day of each seminar will incorporate a microsystems coaching course based on curriculum developed by the [Dartmouth Institute Microsystem Academy](#). The participants will work in conjunction with their organization leadership to develop and test system changes to improve patient experience using the QDM data reports.

QDM will also administer the CG-CAHPS survey for the selected clinic sites participating in this program. The survey will be administered at the beginning of the program (baseline) and after the completion of the one-year cycle (final) to help assess the effectiveness of the POMS survey and accompanying quality improvement projects on overall patient experience scores for the clinic.

PROGRAM SUPPORT

Successful applicants will receive a \$25,000 grant to support the implementation of this program. QDM will provide technical assistance and support to the selected grantees:

- Administer baseline CG-CAHPS at each site at the beginning and end of the one-year cycle. Data collection will be administered by phone, mail, electronic tablets, and web. During the one-year program, QDM and CCI will temporarily provide each clinic organization with two tablets for on-site CG-CAHPS administration.
- Provide clinic organizations with printed POMS surveys (English/Spanish) and accompanying materials (e.g., mailing supplies, prepaid postage, pencils).
- Conduct a webinar/phone - based training with clinic staff on POMS implementation.
- Administer practice-level POMS data collection using in-office postcards, mail, phone, and web.
- Lead four, two-day in-person quality improvement seminars. During these meetings, QDM will present quarterly POMS reports that will offer each clinic a snapshot of survey responses and provide action-oriented results. QDM will also incorporate portions of the microsystem coaching course into these seminars (see next bullet).
- Lead a microsystem coaching course with at least one participant from each clinic organization in four, four-hour in-person coaching sessions (held during the quarterly improvement seminars) and four webinars.

PROGRAM REQUIREMENTS

With the guidance of CCI and QDM, each clinic organization will be expected to:

- Work with CCI and QDM to develop appropriate process plans for the Pulse One-Minute Survey.
- Provide QDM with basic patient contact information needed to administer the CG-CAHPS. This data file must be sent in a fixed-width, ASCII (text) file.
- Administer the POMS throughout the program year to collect an appropriate sample size (to be determined in coordination with QDM).
- Send at least one participant to attend the four quality improvement seminars. This individual should already be engaged in quality improvement initiatives in the

organization and be interested in acquiring the skills needed to coach interdisciplinary front line clinical and support teams to develop into high performing microsystems working to reach strategic goals.

- Develop and implement a quality improvement initiative using the data results presented by QDM.
- Participate in a learning community to share experiences with other clinics.

IDEAL APPLICANT

This program is best suited for ambulatory clinics that have:

- Ongoing administration of an annual standardized patient experience survey (preferably CG-CAHPS)
- Notable interest in building actionable programs to improve patient experience scores
- Strong leadership commitment to using patient experience data to target areas of improvement and develop processes to address these opportunities
- Active efforts to support building and strengthening a health home
- Strategic priority on integrating quality improvement efforts into the culture of the organization.

Program Option #3: Communications Train-the-Trainer Workshop

BACKGROUND

Studies have shown that two of the most important factors that affect patients' care experience are easy access to appointments and strong communication with providers and staff. It is clear that every staff member that touches a patient can influence the patient experience. Therefore, changes to address patient experience should include every person at the clinic and be embraced by the clinic's leadership. A training that touches every staff member can be foundational to helping them understand how to treat and engage patients to improve health outcomes and patient experience.

In 2012, CCI partnered with the Institute for Healthcare Communication (IHC) to deliver a train-the-trainer program for clinic staff in the Treating Patients with C.A.R.E. curriculum (C.A.R.E.) through our Optimizing Patient Experience grant program. In that round of funding, 12 community health centers and consortia were selected and 47 individuals from these organizations were trained and certified as trainers. This train-the-trainer model has been effective at building internal capacity for organizations and provides clinics with the flexibility to train staff at their own pace in a manner that is consistent with the organizations' needs. This opportunity will continue that work.

PROGRAM IMPLEMENTATION PARTNER

[The Institute for Healthcare Communication](#) (IHC) is a nonprofit organization established in 1987 to improve healthcare communication. They have a proven track record in delivering high quality training programs and have conducted more than 12,000 workshops reaching 160,000 physicians and health care professionals in the United States and Canada. They have also worked with many community health centers and public hospitals in California.

PROGRAM OVERVIEW

The Treating Patients with C.A.R.E. curriculum (C.A.R.E.) is a skill-based training workshop that focuses on improving communication between clinic staff and providers and their patients. This training is designed to touch every employee in the organization, from the front desk person to the maintenance staff to administrators and clinical staff. Although non-clinical staff members play an important role in improving the health and experience of patients, critical members of the team (front desk, administrators, and medical assistants) are often left out of communication skills training.

C.A.R.E. is designed as a train-the-trainer workshop. Every organization must nominate at least two participants to become “C.A.R.E.” trainers. For clinics larger than 100, the following trainer ratios are recommended:

- 100 or fewer staff members – 2 trainers
- 100-250 staff members – 3 trainers
- 250-400 staff members – 4 trainers

Each clinic will send selected trainers to a 2.5 day train-the-trainer workshop on the “Treating Patients with C.A.R.E.” curriculum. This training will most likely be held in the San Francisco Bay area or Los Angeles. The exact location will be determined once the final grantees are selected. In the 1-2 months following this workshop, IHC will certify the new trainers by observing them conduct a 4-hour CARE workshop to staff at their respective sites. Following certification, C.A.R.E. trainers at each site are expected to work with clinic leadership to roll-out a C.A.R.E. program that trains all staff and providers in the following 12 months.

CCI will work closely with IHC to develop a learning community of trainers across the clinic organizations. This community will enable the trainers to learn from each other and troubleshoot challenges that arise. These new trainers will also learn from the first cohort of trainers, who will serve as mentors, as they begin the roll-out of their trainings.

PROGRAM SUPPORT

Successful applicants will receive a \$25,000 grant to support the implementation of this program. In addition to the 2.5 day training workshop, IHC and CCI will:

- Provide trainers with the “Treating patient with C.A.R.E.” curricula (including videos and materials to support the training).
- Certify new trainers at each clinic organization and offer detailed feedback to trainers.
- Provide each clinic organization with a one-year site license to print C.A.R.E. workbooks for training participants. Clinics will be responsible for workbook printing costs (approximately \$6-\$8 per workbook). IHC will grant CE credit to C.A.R.E. participants. However, each organization is responsible for the \$15 per person CE certificate fee.
- Host quarterly phone calls for all trainers to support them in their C.A.R.E. trainings at their individual sites.

PROGRAM REQUIREMENTS

Each organization will be expected to participate in the following activities:

- Send 2-5 participants to the “Treating Patients with C.A.R.E.” train-the-trainer workshop.
- Implement a clinic-wide C.A.R.E. training program in which all staff (including clinicians) will be required to attend the 4-hour C.A.R.E. workshop throughout the course of the program year. The training can be delivered in 4-hour, 2-hour or 1-hour modules depending on needs of the clinic.
- Submit updated C.A.R.E. training work plan and patient experience measurement tools throughout the year-long program.
- Participate in quarterly C.A.R.E. check-in phone calls.

IDEAL APPLICANT

This program is best suited for ambulatory clinics that demonstrate the following:

- Strong leadership commitment to build a patient-centered culture by offering a clinic-wide communications training program.
- Ability to identify 3-5 exemplary individuals from the clinic who could serve as C.A.R.E. trainers. These nominated trainers must exhibit a strong ability to speak and interact with large groups of participants and demonstrate a willingness to serve in a leadership role to improve communication between clinic staff, providers, and patients.
- Commitment to allocate the time needed for all staff to attend a 4-hour C.A.R.E. training during the program year.
- Dedication to ongoing measurement and quality improvement.

Clinic organizations currently participating in the Optimizing Patient Experience C.A.R.E. program are not eligible to apply for this program option.

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

How to Apply

STEP 1 ATTEND BIDDER'S WEBINAR (OPTIONAL)

Tuesday, June 18, 2013, 1:00 pm

Please [register](#) for this webinar. Web login and dial-in information will be provided in the registration confirmation.

STEP 2 APPLY ONLINE

Please submit your application by 12:00 pm on July 17, 2013 online at:

<http://www.careinnovations.org/programs-grants/grants/epic>

Applications should include the following:

1. Engaging Patients to Improve Care [Application Form](#)
2. Engaging Patients to Improve Care Narrative
3. Engaging Patients to Improve Care [Budget](#)

Proposals will be reviewed by CCI and an external review committee and awards will be announced by Friday, August 30, 2013.

CONTACT INFORMATION

If you have any questions about this program, please contact:

Susannah Brouwer, susannah@careinnovations.org

(415) 561-6394

Proposal Questions

Each organization applying for the Engaging Patients to Improve Care program must answer the questions for the program option they are interested in. Proposal narratives must be five pages or less using at least 11-point non-narrow font.

OPTION #1: PATIENT AND FAMILY ADVISORS

1. How are the program's objectives relevant to your organization and patient population?
2. Please describe how the leadership at your organization will be involved in this program.
3. Tell us about any prior or current participation in initiatives focused on patient engagement and how this program option would complement these efforts.
4. What has been your organization's experience in tracking patient experience measures and what type of measures and approaches would be useful to track the impact of this program?
5. How do you plan to implement and integrate patient and family advisors into your organizational priorities and care delivery decisions? How do you anticipate this will impact care for other patients?
6. What challenges do you anticipate in involving patients and families into your organization?
7. Clinics must appoint a patient and family liaison with executive sponsorship to ensure organizational support. The selected liaison should have strong communication skills, group facilitation expertise, and confidence and experience partnering with senior leaders. Please list the name, title and description of the patient and family advisor liaison(s) and why they are well-positioned to serve in this role.

OPTION #2: POINT-OF-CARE PATIENT EXPERIENCE SURVEYS

1. How are the program's objectives relevant to your organization and patient population?
2. Please describe how your organization's leadership will be involved in this program.
3. Tell us about any prior or current participation in initiatives focused on patient engagement and how this program option would complement these efforts.
4. Please indicate which survey you currently use to measure patient experience, how you administer the survey, whether you utilize a vendor or administer it yourself, and the frequency at which you administer it.
5. Tell us how you anticipate utilizing the results of the point-of-care surveys in your organization and how leadership will be involved in reviewing results.
6. Each organization will be required to designate 1-2 people to attend the quarterly quality improvement seminars. These individuals should already be engaged in quality improvement initiatives in the organization and be interested in acquiring the skills needed to coach interdisciplinary internal teams to develop into high performing microsystems. Please name these individuals from your organization and how their current role(s) would prepare them for this training opportunity.
7. Please list all other staff at your organization that will be involved in this project and what their role in this project will be. This may include the project manager, project team, and the executive sponsor.

OPTION #3: COMMUNICATIONS TRAIN-THE-TRAINER WORKSHOP

1. How are the program's objectives relevant to your organization and patient population?
2. Please describe how the leadership at your organization will be involved in this program.
3. Tell us about any prior or current participation in initiatives focused on patient engagement and how this program option would complement these efforts.
4. What has been the organization's experience in tracking patient experience measures and what type of measures would be useful to track the impact of this program?
5. Please provide a preliminary C.A.R.E. training implementation timeline (including how you would roll-out the training to your staff and providers). As a starting point, the train-the-trainer workshop will most likely take place in early October and trainer certification is usually completed during the month following the workshop. After certification, trainers can begin conducting C.A.R.E. trainings with staff at your organization.
6. The impact of the C.A.R.E. training program is dependent on how a clinic incorporates the tenets of the training program into its everyday work flow. What ideas or approaches would you implement at your clinic to systematize the C.A.R.E. program in order to engage your staff on a continuing basis to improve communication and experience of care?
7. Clinics must appoint a team to manage this program to ensure the training and organization-wide patient experience activities are completed. At a minimum, this team should include an executive sponsor, designated C.A.R.E. trainers, and a project manager. Nominated trainers must exhibit a strong ability to speak and interact with large groups of participants and demonstrate a willingness to serve in a leadership role to improve communication between clinic staff, providers, and patients. Please list the name, title and project responsibilities of each member of this team. Be sure to include the names of the designated trainers and describe why they are well positioned to become C.A.R.E. trainers.

A joint effort of



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

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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