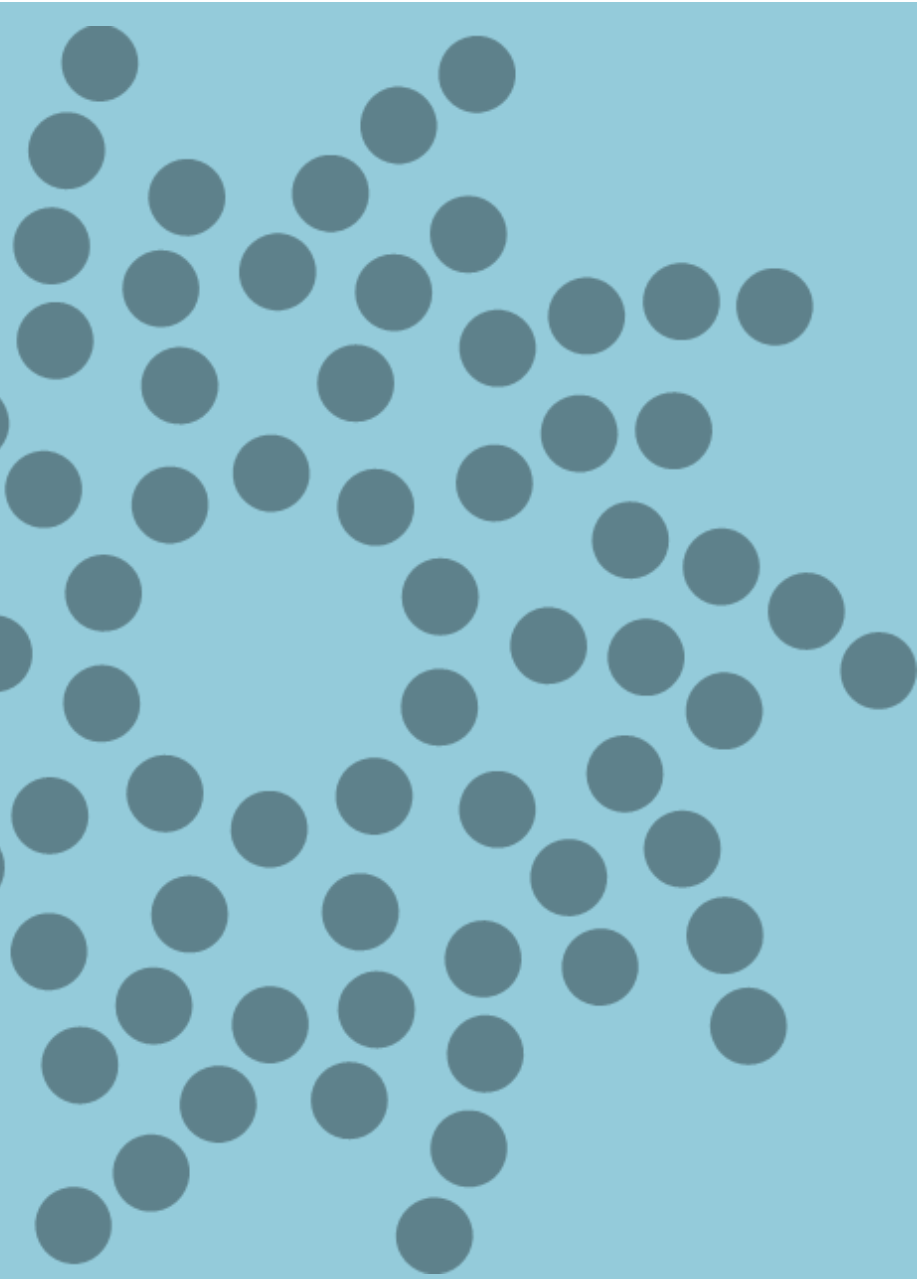




CCI
CENTER FOR CARE
INNOVATIONS

Reimagined Care Challenge 2016

October 2015



A joint effort of the Center for Care Innovations & Blue Shield of California Foundation

IMPORTANT DATES

Informational Webinar

Nov 6, 2015, 12- 1 pm PT

Letter of Interest Submission Deadline

Dec 3, 2015, 5 pm PT

Invitation to Apply Notification

Jan 11, 2016

Application Deadline

Feb 5, 2016, 5 pm PT

Awards Announced

Mar 7, 2016

Application at a Glance

How do I apply?

Submit a Letter of Interest (LOI) [online here](#) by 5:00 pm PT on **Thursday, December 3, 2015**. LOI applicants will be notified by **January 11, 2016** if they will be invited to submit a full proposal application. Applications are due **Friday, February 5, 2016**.

Who is 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 eligible to apply if they are able to demonstrate how their innovation would benefit care for vulnerable populations and could be spread to other systems.

Organizations must be nonprofit and tax-exempt organizations under 501(c)(3) of the Internal Revenue Service Code 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 Reimagined Care Challenge 2016 Informational Webinar on Friday, November 6, 2015, 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 INTEREST

Reimagined Care Challenge 2016

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Program Background

For many years, clinics, policymakers and other stakeholders have debated the contradictions, limitations and perverse incentives inherent in the traditional payment structures for Federally Qualified Health Centers (FQHCs). The fee-for-service model, most concluded, is not encouraging the best care for health center patients. Thus clinics and the larger safety net are on the brink of a major shift, away from a volume-based model and towards a value-based approach to care. This coming payment reform provides an exciting opportunity for clinics to finally deliver the care their patients need and deserve.

Making payment reform work, however, will require significant changes in care delivery systems, as well as a larger shift in culture and the approach to care in the safety net.

Many clinics are beginning to make the fundamental shifts required for them to deliver population-based care, use data systems more effectively, and understand how to manage their finances under a capitated model. These steps are necessary for clinics to survive in a value-based payment system. However if clinics are to not only survive, but to also truly *thrive*, they will need to experiment with new approaches to delivering care that are consistent with a new vision of keeping patients healthy.

In February 2015, a group of safety net leaders from across the country came together to reimagine what care delivery should look like under a value-based payment model. At this visioning meeting, there was strong agreement that in order to succeed in the future, safety net organizations need to make radical shifts in how they deliver care. This future vision shows that instead of a care model centered around the clinician-patient relationship, care will be co-created by an expanded care team that includes the patient and community at large. Patients will not only be collaborators, they will also be customers who are able to access care in the locations, times and channels that work best for them. All touchpoints—whether physical, digital or social—will be designed from the customers' perspective.

In the Reimagined Care Challenge 2016, the Center for Care Innovations (CCI), in partnership with Blue Shield of California Foundation, aims to build upon the conclusions of that visioning meeting. This program will challenge primary care safety net clinics and associated partners to lead the way in creating new approaches to care for the most vulnerable populations in California. The Reimagined Care Challenge provides an opportunity to match a persistent customer focus with available technology and ingenuity and build systems to support this new vision of care.

Program Structure

The goal of the Reimagined Care Challenge 2016 is to support experimentation with approaches that move the safety net towards a new model of care that is truly patient oriented and designed from the patients' perspective. At the 2015 visioning meeting, safety net leaders from across the country agreed that to achieve improved care delivery under value-based payment, three key strategies were essential. These strategies include:

1. **Extreme Customer Orientation:** Design all aspects of the clinic to put the patients' needs and experiences first, including the physical clinic space, staff roles and team functions, and communication with patients and families.
2. **Disintermediation:** Let patients access care from a range of services in their most natural context, channel or location, without requiring an in-person clinic visit.
3. **Committed Community Partnerships:** Expand the care team to include non-medical staff, community partners, other clinics and patients themselves.

For this program CCI is interested in new models of care delivery that have not yet been implemented in safety net systems in California. CCI is looking for innovations that do things entirely differently—not ones that make small, incremental improvements to existing systems. Proposed innovations should emerge from viewing a problem through the eyes of the patient. They may be developed internally or adopted and adapted from settings outside health care safety net systems. We encourage innovations involving collaboration with technology developers, health care leaders, community partners, clinicians and patients. Ultimately we are looking for innovations that dramatically improve health and health outcomes, reduce costs, and can potentially be spread to other safety net systems in California. In this program, grantees will have access to funding, technical assistance, and peer support to help them test and implement a specific innovation over a 12-month period of time.

1. EXTREME CUSTOMER ORIENTATION

While many clinics have made great strides in measuring patient experience, improving communication and engaging patients as partners in care, there is more work to be done. Health centers should actively seek feedback from patients and staff and use this information to co-design optimal care. This program aims to explore some of the crucial questions in how to implement this vision.

How can provider organizations make significant strides in gathering and using real-time feedback from patients? How can clinic staff provide a great experience and excellent care, at every visit—and between visits? How can clinic organizations be more responsive to the needs of patients by using best practices from other industries such as retail and hospitality services?

We are looking for innovations that build off your current patient engagement infrastructure and push your organization to take the next step to co-design, tailor, and deliver care differently. Some example approaches to redesign in this area are:

- ❖ Develop a system of two-way rapid feedback between patients and care teams.
- ❖ Co-design care systems with patients as full partners in the process.
- ❖ Use clinical and non-clinical data about your patients to segment subgroups and tailor services (and care teams) to appropriately meet their needs.
- ❖ Create personas of member groups and tailor engagement accordingly.

2. DISINTERMEDIATION

Disintermediation is the removal of the middle-man. From banking to shopping to travel, people are demanding new ways of accessing services. With new technologies and this demand for convenience, it is important to identify alternative ways to allow our patients to access services and information.

How can clinics get out of the way and let patients access information and services more directly? How can patients find self-care options more quickly and get answers to their questions when they most need it? The conflation of high-touch with high-quality care does not bear out for every patient and for every need. Instead, how can clinics allow patients to serve themselves in a way that best meets their needs, and to receive care in different, more convenient settings?

In this focus area, we are looking for ideas that build on your current infrastructure and find new ways to increase access points to care. Some example approaches to redesign in this area are:

- ❖ Develop self-service options for appropriate clinical and administrative tasks not requiring “high-touch” interactions.
- ❖ Identify and create new ways for patients to access care in different settings by partnering with parks, libraries or other places where patients go.
- ❖ Broaden the care team to include trusted community members (clergy, hairdressers, etc.).

3. COMMITTED COMMUNITY PARTNERSHIPS

Health centers work hard to deliver comprehensive care, but to meet the complex needs of the most vulnerable patients, it is often necessary to identify new resources and supportive services outside the walls of the clinics. Local social service organizations and individuals can help to create the systems needed to keep people healthy.

Who can be added to the traditional model of a patient care team to create a strong, diverse range of support for your patients? How can clinics create new partnerships with other local organizations to share resources or leverage their strengths so your organization does not need to reinvent the wheel? How can clinics coordinate these partnerships rather than building all the pieces themselves?

In this strategic focus area, we are looking for ideas that build on your current partnerships and technology infrastructure to increase collaboration in the community to best support your patients outside of the clinic walls. Some example approaches to redesign in this area are:

- ❖ Technology-enhanced patient-to-patient support.
- ❖ Community outreach and referral process based on a political organizer model.
- ❖ Pooling of clinical and non-clinical administrative functions (sharing staff, purchase of technology tools to benefit a community, etc.).
- ❖ One-stop community wellness efforts that help with housing, transportation, etc..

Program Support

Selected organizations will receive up to \$80,000 in grants to offset staff time, travel costs for site visits, and any other costs associated with implementation of the project. In addition to grant funds, CCI will work closely with grantees to design a focused technical assistance program based upon the needs of the selected organizations. Support may include (but is not limited to):

- ❖ Access to technical experts
- ❖ Toolkits and resources
- ❖ Coaching support as needed
- ❖ Learning community of grantees
- ❖ Site visits (to be defined in partnership with selected applicants)

Program Requirements

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

- ❖ **Engaged Leadership** – Successful projects will require leadership to commit staff resources and to support the cultural changes necessary to take risks and try new innovations. We are interested in organizations that are committed to doing things differently and devoting the time to implement projects successfully.
- ❖ **Dedicated Project Team** – Project teams will need to allocate sufficient time to develop, test and implement their projects. Teams should also include a member of the leadership team or have a clear communication with leadership and alignment with organizational strategy.
- ❖ **Commitment to sustaining successful innovations** – We are interested in successful innovations that can be sustained over the long-term through a clear alignment with strategic priorities. The intention is to identify successful approaches that add value and that can be spread to other safety net systems.

Eligibility

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 eligible to apply if they are able to demonstrate how their innovation would benefit care for vulnerable populations and could be spread to other systems.

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

Interested organizations are encouraged to participate in an informational webinar on **Friday, November 6, 2015, 12-1 pm PT**. Register here: <https://cc.readytalk.com/r/r9mnxpgttmqx&eom>

STEP 2 | SUBMIT A LETTER OF INTEREST

Organizations must submit a Letter of Interest (LOI) by **5 pm PT on Thursday, December 3, 2015**. Submit your LOI online here: <https://www.tfaforms.com/395322>

LOIs should be no longer than 2 pages, 11-point font. LOIs should include responses to the following questions:

- ❖ Describe your innovation and how it would advance the vision of a reimagined care model.
- ❖ Describe any initial testing or information to validate the concept.
- ❖ Describe how it aligns with organizational priorities.

LOIs will be reviewed by CCI and an external review committee. Between December 10, 2015 and January 8, 2016, CCI will follow-up with applicants to learn more about the proposed idea and understand how to ensure the technical assistance and support is designed to be most relevant and helpful to ensure success of the innovation.

STEP 3 | SUBMIT AN APPLICATION (UPON INVITATION)

LOI applicants will be notified by **January 11, 2016** if they will be invited to submit a full proposal application. Specifications for the proposal will be provided with the invitation to submit.

The full application is due by 5 pm PT on **Friday, February 5, 2016**. Awards will be announced by **March 7, 2016**.

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.

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