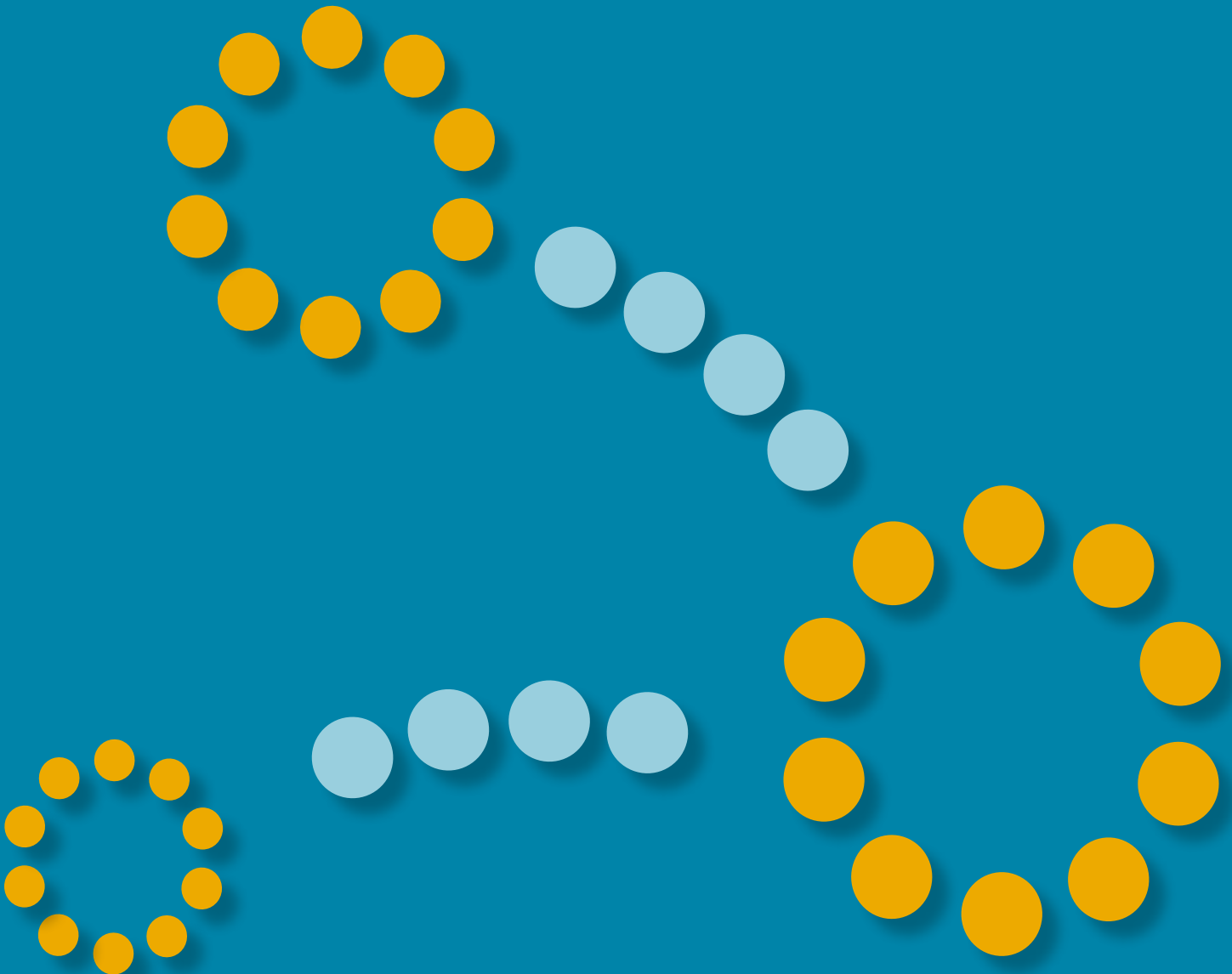# Spreading Innovations

Request for Proposals
May 2014

A joint effort of CCI and Blue Shield of California Foundation

Frequently Asked Questions

Bidder's Webinar (optional):

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 5:00 p.m. June 13, 2014, online at:

http://www.careinnovations.org/programs-grants/grants/

1. Spreading Innovations Application Form
2. Spreading Innovations Narrative
3. Spreading Innovations 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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Spreading Innovations

A joint effort of CCI and Blue Shield of California Foundation

Background

While the need for change in the healthcare system is still great, there are many creative leaders in the safety net field who are working to make positive changes to improve the health of their communities. Safety net providers have developed innovative solutions to transform their care delivery systems and move them closer to reaching their goal of delivering high quality, patient-centered care at an affordable cost. Over the past few years, there have been various efforts, including CCI's innovation programs, which have focused on sparking and seeding innovation in the safety net. We are excited about the successful projects that are developing and the potential to improve care for underserved communities in California.

During this time of rapid change, CCI feels it is crucial to support innovation in the safety net at all stages – from **spark** to **seed** to **spread**. At the spark stage, we are supporting leaders in the field to think about problems differently and develop creative solutions. At the seed stage, we are supporting organizations to test and implement new ideas. At the spread stage, we are supporting the dissemination of successful projects across the field.

CCI feels that each stage plays a crucial role in health care transformation, and over the past year, has offered a variety of opportunities for safety net organizations to spark and seed innovations.

SPARK: CCI's Catalyst program builds design thinking skills in safety net leaders and supports them in using these skills to develop creative solutions to persistent problems. Design thinking skills combine creative and analytical approaches and help organizations see the world through their patient and provider/ staff's eyes. It allows them to explore new ideas, business models and health care services as they create innovations for underserved populations that truly meet their needs. The Catalyst program has led to some very exciting solutions, and CCI will continue to spark innovation by building design thinking skills and new project development through the next phase of this program.

SPARK AND SEED: The Safety Net Innovation Challenge program provided training in design thinking skills to teams of staff at safety net organizations and seed funding for innovative ideas that tested new solutions to common problems. CCI believes it is important to support organizations to be creative, take risks and test out new ideas. Participants in this program have gone from generating ideas to implementing innovations that address our original three focus areas of improving access to care, care teams with patients as core members, and transitions from hospitalization to primary care. We are now looking to spread these innovations more broadly across the field.

SEED AND SPREAD: The [Innovation Center for the Safety Net](#) program supports the piloting of entrepreneurial solutions in safety net settings. There is a great deal of innovation occurring outside the care delivery system that can be brought into solving critical health care problems. Our hope is that through our Innovation Center for the Safety Net program we can uncover and spread the most promising solutions with relevance for underserved populations.
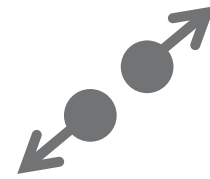
CCI has focused over the past year on sparking and seeding innovation within the safety net. While we will continue that exciting work, we are now expanding our focus to support the spread of successful innovations that have developed from our programs or that are emerging in the field. There are a number of very compelling ideas that have started to take hold in safety net organizations but have not yet been widely adopted. The **Spreading Innovations** program will support the dissemination of current successful innovations that improve access to care.

Program Overview

CCI is launching its first round of the Spreading Innovations program with four focused innovations that help address the challenge of accessing health care services that we are facing with the implementation of the Affordable Care Act. Given the millions of newly insured patients entering the health care system, improving access to care is critical. The solutions that this program will support offer alternatives to the traditional face-to-face visit or dramatically reduce waiting times. We are supporting the spread of these four specific innovations since they are proven methods for increasing access that have been used effectively outside of the safety net as well as with early adopters within the safety net. With more and more safety net providers working to meet the requirements of medical home certification or meaningful use, the interest in patient portals, telemedicine and increasing access to specialty services has grown.

The **Spreading Innovations** program will support organizations to implement one of four innovations to improve access to care:

- Telephone Visits
- Video Collaboration and Instant Messaging
- Patient Portal
- Digital Diabtic Retinopathy Screening

These innovations are currently implemented in safety net organizations in California and operating successfully. This program will focus on building upon the successes of the early innovators and support the implementation and spread of these innovations more broadly to new organizations.

Through this program, grantees will have access to a variety of tools, technical assistance, peer support and coaching to help them implement their chosen innovation. Grantees will work with host organizations that have already successfully implemented the innovation in order to gain a clear understanding of how to operationalize the project, gain buy-in from key stakeholders, train staff, redesign workflows and build a business case to sustain the innovation over time. While each grantee will need to adapt the innovation to meet the needs of their patients and staff and to fit with their organizational structure, this connection to a host organization will provide grantees with a solid foundation for their projects.

Project Profiles

Applicants will apply to implement one of four projects at their own organization and will work with a host site to learn how to operationalize the innovation.

- Telephone Visits: Riverside County Health System, San Francisco Department of Public Health
- Video Collaboration and Instant Messaging: West County Health Centers, Petaluma Health Center
- Patient Portal: Open Door Health Centers
- Digital Diabtic Retinopathy Screening: San Joaquin General Hospital and UC-Berkeley Optometry School (EyePACS)

Grantees will visit the innovation host site and engage in individual coaching calls with them to learn about the essential components of their project and lessons for successful implementation. They will also have access to a spread coach, toolkits, training curriculum and educational materials that can be adapted by the grantee organization.

VIDEO COLLABORATION AND INSTANT MESSAGING

Video collaboration and instant messaging allows primary care teams to move beyond asynchronous communication limited to silos of care to seamless communication that allows collaboration within primary care, across health systems, and with community health partners. As the complexity of disease and care coordination increases, teams will need to use a variety of communication tools and strategies at the point of care such as: instant messaging, presence capability (the ability to know if a person is available), video calls, multi-person video meetings, off-site video collaboration, and shared collaboration platform across health systems.

West County Health Centers has been using video collaboration with WebEx for their primary video interface and WebEx Connect for an enhanced communication platform for a variety of activities:

- **Video Warm Hand-Off:** Provider (or other staff) virtually brings support staff into the office visit with a patient to introduce them prior to a future visit or interaction. They are using the video warm hand off to introduce an RN care manager to: discuss goals for a future home visit; introduce behavioral health staff to demystify the visit and begin to set a common agenda for the next visit; and to introduce the dental team to reduce a patient's fear about their future dental visit.

- **Real-Time Office Collaboration:** Provider is in the office with a patient and wants to bring in staff to have a dynamic discussion or collaboration. They are using video for providers to: discuss complicated referral questions with referral staff; consult with pharmacy technicians on formulary alternatives; discuss complex social stressors identified in the office visit with an RN care manager; discuss new information identified in the office visit that may impact pending disability paperwork with an access coordinator; and to bring a provider into a health coach's visit with a patient to provide clinical insight and to bill as a 99212.

- **Multi-person Collaboration:** Multi-person real-time video collaboration during an office visit. They are using video to conduct meetings to: discuss complex social concerns with a patient, medical provider, RN care manager, and social worker; discuss treatment options and need for complicated prior authorization for medications that are not on the insurance formulary with a patient, medical provider, specialist, and pharmacy tech; and discuss end-of-life wishes prior to establishing an advance directive with a patient, medical provider and off-site family members.

- **Off-Site Video Collaboration:** Staff is remote and connects to provider or other staff via video connection. They have been using video to: connect an RN care manager who is conducting a post discharge hospital transition home visit with a medical provider; connect remote support staff and patient at an education visit to the provider for clinical support and billing; to bring in RN triage or a medical provider for video evaluation when an outreach worker has identified a clinical concern with a homeless client; and to connect an RN care manager who is doing homeless outreach visits or home health visits to an access coordinator to sign the patient up for insurance or food stamps.

You should consider implementing this innovation in your organization if your patients and providers have expressed interest in alternative visit models.

Video Collaboration and Instant Messaging grantees will receive $25,000 to offset the cost of the equipment, start-up connection fees, and staff time to implement.

"We're bringing technology that's ready to use, out of the box, and affordable into the healthcare space and effectively using relationships and extending those relationships through collaboration and communication using technology."

–Jason Cunningham, MD West County Health Centers

TELEPHONE VISITS

Virtual telephone visits are clinical exchanges that occur via telephone between providers and patients. Virtual telephone visits have the potential to:

- Increase patient access
- Decrease hospital readmission rates
- Decrease unnecessary emergency room visits
- Improve patient satisfaction and
- Decrease overall costs of care

Virtual telephone visits offer a convenient alternative for patients who may have difficulty with transportation or with taking time off from work to be seen in the clinic. Virtual telephone visits improve patient access and help with "completing today's work today." Virtual telephone visits are appropriate for a wide variety of clinical issues and follow-up items, including but not limited to: discussion of abnormal laboratory or diagnostic test results, medication management, care coordination (including referral management), management of chronic conditions, management of acute conditions (e.g., cough / cold symptoms, simple urinary tract infection, etc.), post-hospital or post-emergency follow-up, preventive care, health education, outreach, and supportive counseling.

"Often times, the cost savings of the virtual telephone visit is realized outside of the clinic system—by the local community hospital or emergency room and health plan. So, the challenge is 'How do we demonstrate the value of the telephone visit in our own clinic system?' The way we are trying to do that is by measuring our unmet need to show how access actually improves when we use telephone visits. We are also trying to align our diabetes population care program with our telephone visit program at those sites to see if diabetes care improves at sites with the telephone visits. And, we are working closely with our partner health plan. We believe that if we do not do this now, we will not be able to compete as the reimbursement model changes."

–Geoff Leung, MD Riverside County Health System

Riverside County Health System has been conducting telephone visits for established patients with their primary care provider. San Francisco Department of Public Health Department has been conducting telephone visits with a provider which are initiated through their Nurse Advice Line.

Riverside County Health System piloted their telephone visit model in June 2013 with one provider at one clinic site and achieved positive results. By the end of 2013, they had spread their successful model to 9 providers at 3 clinic sites and had conducted over 700 telephone visits. They also integrated the telephone visit with their EHR and developed a toolkit to facilitate continued spread of their project. Riverside is currently measuring the total number of patient encounters, reduction in appointment backlog, patient satisfaction, and clinician and staff engagement.

San Francisco Department of Public Health Department has also been conducting telephone visits with a provider, initiated through their Nurse Advice Line. San Francisco Department of Public Health piloted their telephone visit model in December 2013. They have 3 providers conducting phone visits that are referred through the Nurse Advice Line. They have conducted over 200 visits and are exploring

expanding their model to include additional referral sources (e.g. from urgent care or from calls to clinic sites) for visits.

You should consider implementing this innovation in your organization if the overall demand for appointments at your clinic is consistently significantly higher than your current capacity and your patients and providers have expressed interest in alternative visit models.

Telephone Visit grantees will receive $20,000 to offset the staff time to implement the phone visit model and identify a mechanism for sustaining the services.

PATIENT PORTAL

Online portals allow patients to interact with their health information and communicate with providers outside the traditional office visit. Such systems offer powerful benefits: encouraging patients to become more engaged in their own care and helping providers improve efficiency, quality, and access. Successful portals are tailored to the operations of specific community clinics and their unique patient populations. Implementing a patient portal involves several components – technology implementation, marketing, enrollment, training, support and workflow redesign.

Open Door Health Centers has successfully implemented a patient portal across all providers and sites. Their current portal functionality includes emailing your doctor, appointment scheduling, lab review, refill requests, health history and questionnaires. Open Door piloted a patient portal project at five sites with seven providers. All participants volunteered and were given control over which patients were offered portal access. At first, providers, medical assistants, and registered nurses (RNs) reviewed the day's patients and selected those to target for enrollment. As a second step, all interested providers were enabled to use the portal in the same way. In the end, all 50 providers at all sites were required to use the portal and to promote it directly with patients.

In a survey done one year after implementation, 78% of patients reported that the portal saved them from calling the health center and 38% reported that the portal saved them from visiting the health center. This self-reported survey is aligned with published studies that have shown portals to improve efficiency by improving patient flow.

You should consider implementing this innovation in your organization if you have an EHR system with portal functionality and are interested in meeting meaningful use requirements or obtaining patient-centered medical home certification. To participate in the patient portal implementation grant, grantees will need to commit to implementing at least 3 functionalities of the portal; emailing your doctor is required.

Patient Portal grantees will receive $25,000 to offset portal related expenses and staff time to support workflow changes and implementation.

DIGITAL DIABETIC RETINOPATHY SCREENING (EyePACS)

Diabetic retinopathy is the leading cause of blindness among working-age adults, but early detection and treatment has the potential to reduce vision loss by 90%. The effective use of telemedicine to screen patients for diabetic retinopathy has been well documented. By allowing patients to be screened during a primary care visit at their regular clinic, it helps to reduce a key barrier to accessing the services at an affordable cost.

The EyePACS system allows clinics to capture and upload digital images of a patient's retina to the EyePACS website for interpretation by a trained clinician in a remote location. EyePACS is a non-proprietary web-based application; credentialed clinicians can participate as case reviewers from a secure Internet terminal anywhere in the world. This distributed network allows the system to link primary care providers with eye care providers regardless of their physical location.

The grant will provide clinics with a digital retinal camera, EyePACS software, and technical support by a team from the UC Berkeley School of Optometry. Clinics will be responsible for committing to 30 screens per month to be able to retain the camera and support services. Clinics will be responsible for the $15/screen cost for each patient.

The program includes access to the retinal camera, photographer training, photographer certification, quality control, software, and retinal consults, and retinal reading certification for primary care providers. The images are reviewed by credentialed ophthalmologists and optometrists. All consultants complete a credentialing process to ensure that there are consistent and measurable results from the readings. There is also ongoing quality control and quality improvement for the consultants. Diabetes care providers receive retinopathy diagnoses consistent with the International Clinical Diabetic Retinopathy Disease Severity Scale, as well as referral recommendations, observations and recommendations regarding non-diabetic lesions (such as glaucoma and cataracts), and advice about how to improve photographers' image quality.

"When any significant retinal disease is picked up through the EyePACS system, we are able then to target those referrals as urgent referals, give the patients an appointment, and we've found that our compliance with eye exams went from around 25% up to the high nineties. We have actually been able to prevent advanced eye disease blindness, and it's really been an enormous quality tool for our clinic."

–Lyn Berry MD, Director of Primary Care, Alameda County Medical Center

Your organization should consider implementing this innovation if your yearly retinal exams for your diabetic patients are below your organization's target.

Digital Diabetic Retinopathy Screening grantees will receive $5,000 to support participation in the evaluation and site visit and will have access to a camera (up to a $15,000 value). Funds cannot be used to pay for screenings.

What We're Looking For

- **Engaged Leadership –** Successful projects will require leadership to commit staff time and to support infrastructure and cultural changes necessary to implement the focused innovation. We would like you to select an executive sponsor for the project to help ensure organizational commitment to identifying resources and time for implementation.

- **Dedicated Project Team –** Teams will need sufficient staff time allocated to successfully implement their projects and include either a member of the leadership team or linkage to leadership to communicate the outcomes of their work. In addition to naming an executive sponsor, teams should designate a day-to-day leader of the spread project (spread project lead). The spread project lead will spend approximately 1 day per week and may vary depending on the phase of the project.

- **Clear Measurement Plan –** Teams will need to define a set of measures and create a measurement plan at the beginning of their project to track the impact of the implementation and rate of spread. CCI will be monitoring the rate of spread or adoption across grantees through periodic reporting. Since these innovations are new in the safety net setting, we are interested in building the evidence of their effectiveness to share more broadly with the field.

- **Commitment to Sustainability –** Most of these innovations do not have a specific billing code associated with providing this service. However, many organizations have found creative ways to sustain these services by connecting them to strategic priorities and goals or other incentive programs (i.e. pay for performance, PCMH certification, Meaningful use, etc.). We are looking for organizations with a commitment to sustaining these services over the long-run.

What We'll Provide

Grantees will receive funding to offset staff time, travel costs for visiting the host site and implementation costs for the project. Grants and support will range from $20,000 - $25,000 according to the capital needs of the project and level of complexity in implementation. The funding amount for each innovation is outlined in the project profiles below.

In addition to grant funds, grantees will also have access to:

- The innovation host organization to help support implementation. This includes a 1 day site visit to the host organization and two follow up coaching calls.

- Biweekly coaching support from an implementation coach.

- A program evaluator to help grantee organizations define measures, develop a measurement plan and assess impact of the innovation on the organization.

- An active peer learning community of grantees implementing similar innovations.

Who's 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 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
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- 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)

Thursday, May 8, 2014, 10:00am

Please register for this webinar at: https://cc.readytalk.com/r/27jam5ememfo&eom

For the audio portion only, please use this information:

Dial-in number: 866-740-1260

Pass code number: 5617817

STEP 2 APPLY ONLINE

Please submit your application by 5:00 pm on June 13, 2014 online at:

http://www.careinnovations.org/programs-grants/grants/

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

Applications should include the following:

1. Spreading Innovations Application Form — Application Form Page
2. Spreading Innovations Narrative
3. Spreading Innovations Budget — Budget Template

Proposals will be reviewed by CCI and an external review committee and awards will be announced on July 25, 2014.

CONTACT INFORMATION

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

Sarah Frankfurth, sarah@careinnovations.org

415-561-7817

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. Which innovation are you selecting to implement in your organization? What is the problem or issue the selected innovation would address?

2. Describe how the problem or issue is relevant to the needs of your patient population and your organization's strategic priorities?

3. Who is on your implementation team and why were they selected? How will leadership be involved with and support your project? Please provide the names of the executive sponsor and the day-to-day implementation leader.

4. Describe your organization's experience with the adoption or implementation of other innovations or interventions. What worked well and what would you improve?

5. What resources will you need to implement the selected innovation (e.g. funding, expertise, technology or other outside partner)?

6. Please describe how you would evaluate the impact of your program (include metrics you would be interested in tracking). Who will be responsible for collecting the data? Also, please explain how (and to whom) you would make a case to sustain these services after the 12-month grant if they prove to be valuable.

7. Please describe any challenges you anticipate in the implementation and how CCI could help support any outstanding concerns?

Selected Sources

Patient Portals Resource Center, California HealthCare Foundation. http://www.chcf.org/patient-portals

"Use of the Refill Function Through an Online Patient Portal Is Associated With Improved Adherence to Statins in an Integrated Health System," Sarkar U1, Lyles CR, Parker MM, Allen J, Nguyen R, Moffet HH, Schillinger D, Karter AJ: http://www.ncbi.nlm.nih.gov/pubmed/24374412

"Measuring the Impact of Patient Portals: What the Literature Tells Us," Seth Emont, California HealthCare Foundation, May 2011: http://www.chcf.org/publications/2011/05/measuring-impact-patient-portals

"Group Health Cooperative: Reinventing Primary Care by Connecting Patients with a Medical Home," Douglas McCarthy, Kimberly Mueller, and Indgrid Tillmann, Issues Research Inc. The Commonwealth Fund, July 2009: http://www.commonwealthfund.org/~/media/Files/Publications/Case%20Study/2009/Jul/1283_McCarthy_Group%20Health_case_study_72_rev.pdf

"Examples of Research Outcomes: Telemedicine's Impact on Healthcare Cost and Quality." American Telemedicine Association, April 2013: http://www.americantelemed.org/docs/default-source/policy/examples-of-research-outcomes---telemedicine%27s-impact-on-healthcare-cost-and-quality.pdf

"Improving Diabetic Retinopathy Screening Through a Statewide Telemedicine Program at a Large Federally Qualified Health Center," J.N. Olayiwola, D.M. Sobieraj, K. Kulowski, D. St. Hilaire, J.J. Huang. Journal of Health Care for the Poor and Underserved, August 2011: http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/summary/v022/22.3.olayiwola.html

"Diabetic Retinopathy Screening." California HealthCare Foundation, January 2011: http://www.chcf.org/projects/2009/diabetic-retinopathy-screening

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 of california **foundation**

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