

Virtual Care Innovation Network

A community health collaboration founded by Kaiser Permanente

State Specific Information

Mid-Atlantic States (Maryland, Virginia, & Washington, D.C.)

Maryland, Virginia, & Washington, D.C. Funding Amounts:

	Organizations applying without a focus on people experiencing homelessness	Organizations applying with a focus on people experiencing homelessness
Applied Project Track	\$30,000	\$50,000
Clinic Connection Track	\$7,000	\$12,000

*Note that all organizations, across all states, are applying with the same requirements, but funding amounts vary by state and focus of project.

Background

Over the course of just weeks, the COVID-19 pandemic dramatically accelerated the pace at which health care organizations across the nation adopted and expanded virtual care. To keep both their patients and employees safe, health care providers completely restructured their services, pivoting from in-person to remote patient visits at record speed. For these organizations, this shift has been transformational – they’ve adopted new technology, overhauled workflows, and redefined team member roles. At this point, organizations have proven virtual care can be an option for safety net providers and their patients; what comes next is ensuring that virtual care can be sustained and expanded upon. This will require redesigning initial workflows to ensure equitable access, reduce provider burnout, prepare patients to engage virtually, and advocate for policy and payment reform.



The Virtual Care Innovation Network aims to bring together safety net organizations across nine states to redesign care so that virtual care models continue after the pandemic abates and beyond. The program is funded by Kaiser Permanente and designed in partnership with Center for Care Innovations (CCI), DC Primary Care Association (DCPCA), Primary Care Coalition (PCC) and National Health Care for the Homeless Council (NHCHC). Primary Care Associations from each of the states in which Kaiser Permanente provides care in (California, Colorado, Georgia, Hawaii, Maryland, Oregon, Washington, D.C., and Washington State), and regional associations in California are also involved in designing the program. This extensive partnership has resulted in a unique program that will bring together safety net leaders from nine states to solve similar challenges associated with the implementation, improvement, and sustainability of “virtual care,” also commonly known as “telehealth” or “telemedicine.”

This program will enable safety net provider organizations to learn from peers and experts, test new approaches, accelerate the work they have already started, and develop approaches to sustain virtual care as an essential component for how care is delivered into the future.

Program Goals

- Expand and strengthen access to high-quality virtual care to ensure all patients served in the safety net benefit from these services.
- Support organizations who are serving those individuals most impacted by COVID-19 to improve access to care and health outcomes.
- Advocate for more permanent policy changes to sustain virtual care into the future, thereby enhancing the health care safety net’s financial viability through continued reimbursement for virtual care.

Program Structure

The program has three tracks with varying levels of funding, participation, technical assistance, and support. Below is a summary of each track, which all run 15 months in duration:

APPLIED PROJECT TRACK

The **Applied Project** track is designed for organizations that have a desire to advance a specific project to improve virtual care delivery for populations who face significant barriers accessing care (e.g., homelessness, limited English proficiency, seniors with low technology literacy, etc.). Organizations will each dedicate small teams (4-6 people) to design, test, and implement solutions that will improve and sustain virtual care delivery. The program will guide teams through a process that strengthens innovative quality improvement skills to support rapid testing and learning. Teams will have access to virtual resources including peer learning events, subject matter experts, and virtual site visits.

Grant Funding: Kaiser Permanente will provide approximately \$50,000 grants to organizations who serve people experiencing homelessness and \$30,000 grants to health care safety net organizations not focusing their application on people experiencing homelessness.

Note: FQHC and FQHC look-alikes may apply for the higher funding amount, but they will be asked to include the number of homeless people served annually and % of homeless people served of their total population.

Eligible Organizations:

- Federally qualified health center (FQHC) 330 program grantees, including 330H grantees
- Federally qualified health center (FQHC) look-alikes
- Other organizations who are members of National Health Care for the Homeless Council (NHCHC) and serve people experiencing homelessness
- Organizations must also meet the following criteria:
 - Providers actively use an electronic medical record system
 - Have one clinic site located within a Kaiser Permanente service area.If you are not sure if your organization qualifies, please contact Weslei Gabrillo at Weslei@careinnovations.org.

CLINIC CONNECTION TRACK

The **Clinic Connection** track is designed for organizations who are most interested in engaging with their peers to discuss and solve specific challenges. These organizations may not have the time or staff to dedicate to advancing a

specific project, but they are interested in speaking with other organizations on a monthly basis to share best practices, ask for advice, and learn from each other. The specific topics for the discussion will be determined in partnership with the selected organizations, but may include topics like providing team-based care in a virtual world, improving population management, and addressing staff and provider burnout.

Grant Funding: Kaiser Permanente will provide approximately \$12,000 grants to organizations who serve people experiencing homelessness and \$7,000 grants to health care safety net organizations not focusing their application on people experiencing homelessness.

Note: FQHC and FQHC look-alikes may apply for the higher funding amount, but they will be asked to include the number of homeless people served annually and % of homeless people served of their total population.

Eligible Organizations:

- Federally quality health center (FQHC) 330 program grantees, including 330H grantees
 - Federally qualified health center (FQHC) look-alikes
 - Other organizations who are members of National Health Care for the Homeless Council (NHCHC) and serve people experiencing homelessness
- Organizations must also meet the following criteria:
- Providers actively use an electronic medical record system
 - Have one clinic site located within a Kaiser Permanente service area.
- If you are not sure if your organization qualifies, please contact Weslei Gabrillo at Weslei@careinnovations.org.

LEARNING HUB TRACK

The third track is the **Learning Hub** which is open to all safety net health care organizations or organizations who serve people experiencing homelessness, or individuals affiliated with these types of organizations. Hub members can access online courses, interactive forums for peer learning, and other online resources. Individuals can join this track at any point during this 15-month program. This track does not offer grant funding. There are no additional eligibility criteria for the Learning Hub.

Program Offerings

Please find more details about the Clinic Connection and Applied Project tracks below:

	Applied Project Track	Clinic Connection Track
Funding Amounts	<p>\$30,000- health care safety net organizations not focusing application on people experiencing homelessness</p> <p>\$50,000- organizations who serve people experiencing homelessness</p>	<p>\$7,000- health care safety net organizations not focusing application on people experiencing homelessness</p> <p>\$12,000- organizations who serve people experiencing homelessness</p>
Description of Track	Project teams will work on a project that explores ways to engage patients experiencing barriers to care (i.e., homelessness, limited English proficiency, low technology literacy, etc.).	Organizations will engage with other FQHCs on a monthly basis to share best practices, ask for advice, and learn from each other.
Offerings from CCI	Organizations will be guided through a process to support rapid design, testing, learning, and best practice sharing. They will also have access to virtual peer learning events, experts from the field, virtual site visits, and additional resources to support peer learning.	Monthly peer-learning webinars to discuss critical challenges. Topics will be co-designed with selected organizations. They will also have access to online resources, tools, and a platform to support peer learning.
Number & Type of Organizations	Up to 40 organizations across all participating states.	Up to 40 organizations across all participating states.
Approximate Time Commitment	5-10 hours per month across the program team. This time will be spent in program sessions and also applying learning to implement their project.	2-3 hours per month in program sessions and also applying learning.
Participation Expectations	<p>Create a core project team (4-6 people) that will support the testing, implementation and learning for the organization.</p> <p>Project team is invited and encouraged to participate in</p>	<p>Participate in monthly peer-to-peer sharing sessions focused on best practice sharing and troubleshooting challenges.</p> <p>Participate in required program evaluation activities listed below.</p>

	<p>all program activities, but we realize that not every member will join all virtual events.</p> <p>Participate in required program evaluation activities listed below.</p> <p>Option to participate in coaching sessions to support their team.</p>	<p>Option to participate in select Applied Project Track activities such as virtual site visits, webinars and peer-sharing conversations.</p>
<p>Program Evaluation</p>	<p>Required program evaluation activities:</p> <ul style="list-style-type: none"> ● Share virtual care utilization data at 3 points; this track requires more robust data reporting due to additional data segmentation. ● Participate in no more than 2 phone interviews during the program. ● Submit survey responses at 2 points during the program. <p><i>See evaluation table for specific metrics.</i></p>	<p>Required program evaluation activities:</p> <ul style="list-style-type: none"> ● Share virtual care utilization data at 3 points during the program. ● Participate in no more than 1 phone interview during the program. ● Submit survey responses at 2 points during the program. <p><i>See evaluation table for specific metrics.</i></p>

Program Timeline

The Virtual Care Innovation Network is 15 months in duration and will run from March 2021 to May 31, 2022.

Key Dates:

- **Application Deadline:** Wednesday, January 13, 2021 at 12 PM (PST)
- **Program Acceptance Announced:** Tuesday, February 9, 2021
- **Virtual Program Kickoff Webinar:** Tuesday, March 2, 2021
- **Program End:** May 31, 2022

How to Apply

STEP 1: WATCH THE INFORMATIONAL WEBINAR (OPTIONAL)

Watch our [Informational Webinar recording](#) to hear a more detailed description of the program. Consider reviewing responses to the frequently asked questions (FAQ), which is located above the video, to gain more clarity on the program.

STEP 2: APPLY ONLINE

Your proposal and budget must be submitted online by Wednesday, January 13, 2021 by 12 pm (PST).

Use the table below to determine application materials required for each program track:

	Applied Project Track	Clinic Connection Track
Required Application Materials	<ol style="list-style-type: none">1. Application Submission Form2. Application Narrative: Includes responses to the 5 questions listed below.3. Budget Template4. Tax Status Documentation5. Leadership Support Letter: This letter should demonstrate organizational commitment to implement or expand upon virtual care capabilities and collect data as needed. This includes dedicated time for the core team to fully participate in program activities and implement changes at the clinical and organizational level. The letter should be submitted by either the Chief Medical Officer, Chief Operating Officer, or Chief Executive Officer.	<ol style="list-style-type: none">1. Application Submission Form2. Application Narrative: Includes responses to the 4 questions listed below.3. Budget Template4. Tax Status Documentation

Application Narrative Questions for Applied Project Track

Please limit your entire response to a maximum of five pages, using at least 11-

point font, single spacing, and 1-inch margins.

1. **Overall Goals:** Why is your organization interested in participating in this program?
2. **Virtual Care Delivery Experience:** Please describe your experience with virtual care including modalities of care, whether you are using other virtual tools (portals, texting, phone apps), and what you learned about the challenges and opportunities for implementing virtual care in your organization. Please also feel free to share any successful shifts to virtual care.
3. **QI Experience:** Please describe a clinical or operational improvement project you implemented in your organization. What data (outcome measure, process measures, qualitative measures) did you collect and how often? What is an example of one change you made based on what you learned from the tests and/or data?
4. **Data Reporting Capabilities:** Please describe your current ability to collect and report on patient-level data regarding visit modality (i.e., in-person, phone, video). Please describe if you could report this data by payer.
5. **Applied Project:** Please describe which population is most relevant for you to engage in a deeper project (i.e., people experiencing homelessness, seniors, people with low English proficiency, low technology literacy, etc.) and what you hope to accomplish with an applied project.

Application Narrative Questions for Clinic Connection Track

Please limit your entire response to a maximum of three pages, using at least 11-point font, single spacing, and 1-inch margins.

1. **Overall Goals:** Why is your organization interested in participating in this program?
2. **Virtual Care Delivery Experience:** What virtual care delivery tools have you started using since the beginning of the COVID-19 pandemic (i.e., phone visits, video visits, patient portal, text messaging, etc.)?
3. **Virtual Care Challenges:** What are the three biggest challenges your organization is facing with virtual care? What are the biggest challenges you hope this program focuses on?
4. **Data Reporting Capabilities:** Please describe your current ability to collect and report on patient-level data regarding visit modality (i.e., in-person, phone, video).

Registration for Learning Hub

Please [use this form to register](#) for the Learning Hub. Registration will be available throughout the duration of the program.

Next Steps

Our intent is to select a group of up to 80 safety net health care organizations to participate in either the Applied Project or Clinic Connection tracks.

Organizations will be informed of the status of their application via email by **Tuesday, February 9, 2021.**

Appendix: Evaluation Approach

The purpose of the Virtual Care Innovation Network evaluation is to support learning and improvement during the program and to understand:

- Program reach
- Extent to which different modalities of virtual care are being used in the safety net
- Promising practices for delivering virtual care in the safety net
- Infrastructure and processes needed to implement and sustain virtual care
- Contribution and effectiveness of the learning community and other resources

The measurement approach will collect a mix of qualitative and quantitative data from participating organizations.

Table 1. Evaluation methods	
Data type	Description
Clinical data reporting (Applied Project & Clinic Connection track only)	Data reporting will focus on virtual care utilization, to understand the modalities being used for different populations. Participating organizations will be asked to submit 3 reports: <ul style="list-style-type: none">● Baseline (Sept 2020 – Feb 2021), due March 31, 2021● Midpoint (Mar – Aug 2021), due August 31, 2021● Final (Sept 2021 – May 2022)* <i>will be 9 months</i>, due June 30, 2022 (see Table 2 below for more details)

Participant interviews (sample from all 3 tracks)	<p>There will be two types of interviews throughout the program:</p> <ul style="list-style-type: none"> • Mid-point and final interviews with a sample of participants to get feedback about the program, progress, and capture stories • Promising practice interviews to document & share emerging practices with the learning collaborative <p><i>Individual incentives will be provided for participating in interviews.</i></p>
Participants surveys (participants from all 3 tracks)	<p>Online surveys will be conducted at two points in time: mid-point & end. The survey will be modular for each track, with questions specific to each track.</p> <p><i>Individual incentives will be provided for survey completion.</i></p>
Opportunities to participate in targeted evaluation activities	<p>Participants will have the opportunity to participate in additional evaluation efforts to answer key questions about emerging areas of interest (e.g. patient experience, provider experience, quality). More information about these opportunities will be provided after the program launches.</p>

Table 2 provides more information about the evaluation requirements for each track.

Table 2. Evaluation Requirements by track			
Method	Applied Project	Clinic Connection	Learning Hub
Data reporting	<p>Virtual care utilization for primary care & behavioral health*:</p> <ul style="list-style-type: none"> • Total encounters • % F2F • % phone • % video <p>*data segmented by payer</p> <p>Patient utilization of virtual care for primary care & behavioral health**:</p> <ul style="list-style-type: none"> • Total patients served • % with at least one F2F • % with at least one phone • % with at least one video visit <p>**data segmented by</p>	<p>Virtual care utilization for primary care & behavioral health:</p> <ul style="list-style-type: none"> • Total encounters • % F2F • % phone • % video <p>Virtual care for specialty services: list of specialties provided by organization and modalities offered virtually during the time period (volume data not required).</p>	N/A

	<p>language (i.e., those best served by English or a language other than English)</p> <p>Virtual care for specialty services: list of specialties provided by organization and modalities offered virtually during the time period (volume data not required).</p>		
Interviews	Organizations will be asked to participate in no more than 2 phone interviews during the grant period.	Organizations will be asked to participate in no more than 1 phone interview during the grant period.	Small sample of higher utilizers to understand access & usefulness of resources.
Surveys	<p>Includes questions on:</p> <ul style="list-style-type: none"> ● Content/resources ● Learning collaborative ● Project progress ● Virtual care implementation 	<p>Includes questions on</p> <ul style="list-style-type: none"> ● Content/resources ● Learning collaborative <p>Virtual care implementation</p>	<p>Includes questions on</p> <ul style="list-style-type: none"> ● Content/resources ● virtual care implementation