

2015 Call for Proposals

Proposal Deadline: March 3, 2015 (3:00 p.m. ET)



Robert Wood Johnson Foundation

OPTIMIZING VALUE IN HEALTH CARE: CONSUMER-FOCUSED TRENDS FROM THE FIELD

BACKGROUND

Numerous ongoing and emerging efforts aim to increase the value of U.S. health care by improving quality while constraining health care costs. Yet, while “value” is typically defined as outcomes relative to costs, individual consumers’ valuation of health care services may not align with how insurers, hospitals, providers, or even other consumers perceive high-value care or outcomes. The consumer perspective may be more expansive, encompassing the convenience and accessibility of services or the empathy felt in the doctor-patient relationship, in addition to more conventional measures of value. Understanding the consumer point of view is essential, particularly in terms of the cost, quality or other information that would be relevant when consumers seek care, buy and use insurance, and shop for health care services. To better understand how consumers perceive and value health care services, numerous questions arise:

- What are the emerging trends related to shopping for, seeking out, and purchasing or making decisions about health care products and services?
- Are there circumstances in which consumers are more open to considering cost and quality information to make health care decisions?
- How do consumers with different sociodemographic factors perceive and calculate value in different care delivery settings?
- What are the individual behavioral, social and cultural factors that influence consumer decision-making and valuation?
- How do consumers identify and engage trusted agents and reliable sources of information to support their efforts in making choices about purchasing health care services?
- What makes a trusted information source for consumers, and how do consumers best understand and interpret information from various sources?

PURPOSE

As part of our vision for a Culture of Health, the Robert Wood Johnson Foundation is committed to seeking the best possible outcomes and highest value from our national investments in health care, public

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health and population health. This solicitation seeks to better understand consumer perceptions of value in the new and emerging health care landscape and to fund research studies that will allow for rapid learning from the field on consumer valuation of health care. Funded studies will cover a diverse set of topics and will help inform the development of tools, resources and policies to support consumers in making high-value decisions that benefit them and other stakeholders.

Major topics of interest may include, but are not limited to:

1. Venues and settings for care – This topic addresses how consumers perceive and choose among health care delivery settings, including traditional as well as new and emerging delivery settings, including care provided at non-traditional sites. For example:
 - Do emerging delivery settings, such as retail clinics, virtual office visits, and boutique urgent care centers, as well as non-traditional sites (e.g. the workplace, schools, grocery stores, etc.) deliver what consumers perceive as high-value care? How does that vary across different services and conditions? What do consumers “expect” out of these settings, and what more would they want from a higher-value experience? What is the consumer perception of these emerging delivery settings compared with more traditional settings, such as primary care practices?
 - What are consumer perceptions about continuity of care and the provider-patient relationship? How do new and emerging settings for care, at both traditional and non-traditional sites, affect continuity of care?
 - How do consumers, particularly vulnerable or economically challenged consumers, perceive the value of different venues and settings? Why is that the case, and how might it vary by community or consumer sub-groups?
 - What are the cultural or institutional factors that facilitate high-value consumer decisions in integrated health care delivery settings? In non-integrated settings?
 - What do we know about consumers’ preferences regarding non-physician providers and their impact on consumer decision-making? How do consumers’ expectations for a high-value interaction vary by provider type?
 - What are consumers’ perceptions of telemedicine or remote medicine? What creates or facilitates a “high-value” telemedicine experience? Do consumers vary in this perception depending on demographic characteristics?
 - How does access to alternative settings of care (e.g. concierge care, telemedicine, retail clinics, etc.) vary by consumer sub-group? Who is seeking out, willing and able to pay for care in these alternative settings? Who stands to benefit most from alternative settings of care and what are the options for those without access to such services?

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2. **Buying and using health insurance** – This topic addresses how consumers are making decisions, prioritizing care and treatment, and using new benefit designs, as well as identifying the skills or resources consumers need to optimize decision-making. For example:
 - Given evidence that suggests consumers rely on informal sources (e.g. family, friends) to inform their health care decision-making, what are optimal methods for insurers and providers to ensure delivery and use of accurate and meaningful price and quality information? Have consumers sought out cost and quality information, and is the available information sufficient for decision-making? What other information do consumers want to make health care decisions? What are consumers’ preferences for obtaining this information?
 - Which venues, tools, or platforms are consumers using to make decisions about using their insurance or benefits? How are they using those venues/tools/platforms and how does this vary across consumer sub-groups? From the consumer perspective, what are the most effective features of these decision-making tools?
 - Where do consumers get information about benefits, risk, alternatives and uncertainty for medical procedures/tests/services? How do consumers from different backgrounds process and respond to this information? What are optimal venues or modes for communicating benefits, risk, alternatives and uncertainty to consumers?
 - Drawing from lessons learned about consumer decision-making in Medicare Part D, Medicare Advantage, Medicaid managed care, employer-sponsored insurance and other venues, what guidance can be synthesized and generalized to inform consumer decision-making in the public marketplaces? In private exchanges or standalone plans?
 - How do consumers perceive brokers, navigators and/or other consumer assisters, and do these individuals facilitate consumers’ high-value decisions for both the purchase of insurance and the evaluation of health care options?
 - What does a “high-value” decision look like, from the consumer’s perspective, in a tiered or narrow network? Under referencing pricing? In a high-deductible health plan? What are consumer expectations and perceived needs for information under these different benefit designs?
3. **Shoppable moments** – This topic addresses emerging trends related to shopping for, seeking out, choosing and purchasing health care services. Projects could: identify “shoppable” moments (i.e. when consumers have the time and wherewithal to research and compare health care services), determine consumers’ shopping priorities, assess consumers’ attitudes about and preferences around shopping for health care services, examine resources to facilitate decision-making, or quantify the effect of consumer shopping. For example:

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- When and for what services are shoppable moments most likely to occur? What kinds of information would be most useful to consumers to make these decisions? What makes for a “trusted source?” Are consumers aware of conflicts-of-interest among information sources related to their choice of test or treatment? What are optimal venues (including, potentially, at the clinician’s office) and times to deliver this information?
- What appear to be the top five to 10 shoppable moments, and how does that vary across consumer demographics? How does the information consumers might want in order to “shop” vary across conditions/procedures/services/tests? How and when do they want that information?
- Are value-based purchasing/payment reforms, such as bundled payments and related delivery system reforms, promoting high-value consumer decisions in shoppable moments? Why or why not?
- How do individual behavioral, social, cultural and institutional factors influence a consumer’s choice and ability to shop for health care services?
- How do consumers identify trusted agents and reliable sources of information to inform their shopping, and how do they understand, interpret and act upon the information received from different sources? How does this vary by consumer characteristics?
- How do consumers balance quality and price in their definition of value? How confident are they about the measurement of quality, in particular? How does this vary by consumer characteristics?

TOTAL AWARDS

- Up to \$1.9 million will be available under this CFP.
- Project funding will range from \$200,000 to \$400,000 to accommodate studies of 12 to 18 months.
- Five to nine studies will be funded.
- We expect to fund a mix of studies across each of the major topic areas referenced above.

ELIGIBILITY CRITERIA

Researchers, as well as practitioners and public and private policy-makers working with researchers, are eligible to submit proposals through their organizations. Projects may be generated from disciplines including health services research, economics, sociology, program evaluation, political science, public policy, public health, public administration, law, business administration or other related fields.

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The Foundation may give preference to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or Type III supporting organizations. The Foundation may require additional documentation. Applicant organizations must be based in the United States or its territories.

DIVERSITY STATEMENT

Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, disability, age and socioeconomic status. We strongly encourage applications in support of individual candidates who will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our work, the more successful we will be as we strive together to build a Culture of Health, enabling all in our diverse society to lead healthier lives, now and for generations to come.

SELECTION CRITERIA

- Potential of study to make a novel, significant contribution to the field's knowledge about consumers' valuation of health care.
- Strength of the proposed methodology and ability to assess differences across consumer sub-groups.
- Incorporation of consumers into the research process.
- Appropriateness and availability of proposed data sources.
- Qualifications and expertise of the applicant.
- Ability to create or inform brief and timely deliverables for wide dissemination, including—but not limited to—briefs and reports, formal presentations, and web-based dissemination efforts such as blogging, in addition to papers suitable for peer-reviewed publications.
- Ability and willingness to share insights and learnings with the Foundation and its partners as they are uncovered, and ahead of formal publication.
- Appropriateness of the timeline and budget.

MONITORING

RWJF monitors the grantees' efforts and careful stewardship of grant funds to assure accountability. Grantees will be required to submit periodic narrative and financial reports.

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APPLICANT SURVEY PROCESS

To help us measure the effectiveness of RWJF grantmaking and improve the grant application experience, we will survey the principal investigator (PI) listed in proposals submitted under this call for proposals. Shortly after the application deadline, the PI will be contacted by Princeton Survey Research Associates International (PSRAI), an independent research firm, and asked to complete a brief, online survey about the application process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to PSRAI will not impact the funding decision for the proposals in any way.

PSRAI will protect the confidentiality of the responses. RWJF will not receive any data that links a name with the survey responses. If you have any questions about the survey or the use of the data, feel free to email applicantfeedback@rwjf.org.

USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, and other direct project expenses, including a limited amount of equipment essential to the project. In keeping with RWJF policy, grant funds may *not* be used to subsidize individuals for the costs of their health care, to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, or for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities.

HOW TO APPLY

Applications for this solicitation must be submitted electronically. Visit <http://www.rwjf.org/cfp/cfv> and use the *Apply Online* link for this solicitation. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the application process.

All applicants should log in to the system and familiarize themselves with online submission requirements well before the submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline. In fairness to all applicants, the program will not accept late submissions.

Please direct inquiries to CFV@rwjf.org. Be sure to include your phone number. We will make every effort to respond to all inquiries within 24 hours.

Applicants must submit an initial brief proposal, rather than a fully developed proposal. The brief proposal should be no more than four pages and should contain the following information about the proposed project:

- Research question and significance to the field
- Data sources and data acquisition plan

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- Methodology
- Background and experience of the applicant
- Deliverables and plan for dissemination
- Plan for sharing insights with the Foundation

There are two stages in the competitive proposal process: (1) Applicants submit a brief proposal and, if invited, (2) applicants then submit a full proposal and line-item and narrative budget for further consideration.

Stage 1: Brief Proposals

Applicants must submit a brief proposal of no more than four pages that describes the project and includes a budget estimate.

Stage 2: Full Proposals

Selected Stage 1 applicants will be invited by letter or email to submit a full proposal of no more than 20 pages accompanied by a budget and budget narrative.

PROGRAM DIRECTION

Responsible staff members at the Robert Wood Johnson Foundation are:

- Tara Oakman, PhD, senior program officer
- Andrea Ducas, MPH, program officer
- Anne Weiss, MPP, director
- Stephen Theisen, program financial analyst

Responsible staff members at AcademyHealth are:

- Bonnie Austin, JD, MPH, vice president
- Megan Collado, MPH, senior manager

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KEY DATES AND DEADLINES

March 3, 2015 (3 P.M. ET)

Deadline for receipt of brief proposals.

April 2, 2015

Applicants notified if they are (or are not) invited to submit full proposals.

May 7, 2015 (3 P.M. ET)

Deadline for receipt of full proposals.

August 11, 2015

Notification of finalists.

October 1, 2015

Grants start.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

For more than 40 years the Robert Wood Johnson Foundation has worked to improve health and health care. We are striving to build a national Culture of Health that will enable all to live longer, healthier lives now and for generations to come. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.

Sign up to receive email alerts on upcoming calls for proposals at www.rwjf.org/funding.

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