Call for Proposals: Accelerating Value-Based Payment and Care Delivery in the Health Care Safety Net

Background

Payment reform[a] represents both a challenge and an opportunity for safety net organizations to improve the quality of health care for vulnerable populations. The opportunity of course, is to provide adequate and flexible resources that can sustainably support innovative delivery approaches for improving the care of individuals as well as overall population health. However, many challenges exist, including the ability of providers to effectively analyze and prepare to take on financial risk, align new care systems based on interdisciplinary team approaches with new financial models, coordinate care beyond the clinical setting, and understand the financial complexities and technicalities of population care management.

Given the nature of the patient populations they serve, many safety net organizations[b] are often uniquely positioned to address underlying causes of poor health and provide the kind of high-value health care that new payment models are designed to support. But while ultimately designed to facilitate the delivery of higher-value care, payment reform efforts often have a more immediately disruptive impact on clinicians and health care organizations. And safety net organizations in particular, given limited financial and administrative reserves and often faced with stretched staff, face significant upfront technical and operational challenges with implementing alternative payment models that can help best financially sustain their work.

Given the significant reach of the health care safety net, it is critically important to ensure the transition to payment reform is as smooth and supportive as possible: collectively, the safety net consists of over 6,200 organizations, spans six sectors[c] and provides care to an estimated 106 million persons[3-10].

About the National Safety Net Advancement Center

Funded by the Robert Wood Johnson Foundation, the National Safety Net Advancement Center (SNAC) at Arizona State University was established in October 2015 to assist safety net health care organizations with overcoming the many challenges posed by payment and care delivery reform. To accomplish this goal, SNAC is launching three complementary initiatives:

1. Comprehensive Online Compendium

In February 2016, SNAC soft-launched an online compendium of safety net payment and care delivery reform resources. Beginning summer 2016, SNAC will host topical webinars from experts on safety net organizations, payment reform, and care delivery reform. The website will be continually updated with additional information as new knowledge develops.

2. Virtual Learning Collaboratives

Over the next two years, SNAC will launch six unique learning collaboratives that will dive deeply into topics affecting safety net organizations. The topics include: Clinical Care Team Transformation Strategies; Network

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[a] For the purposes of this CFP, payment reform refers to payment models other than fee-for-service payment, most often including downside risk (such as capitation, episode-based and bundled payment, and shared savings) These alternative payment models must be linked to quality and value, and preferably fall into categories three and four of the LAN APM Framework.[11]

[b] For the purposes of this CFP, a safety net health system is defined as one that provides a significant level of care to low-income, uninsured, and vulnerable populations.

[c] The six safety net sectors include: a) Federally Qualified Health Centers, b) Community Mental Health Centers, c) Public County Hospitals, d) Tribal Health Centers, e) Critical Access Hospitals, and f) Safety Net Oral Health Providers.

Structure, Governance, and Operations; Financial Planning, Implementation, and Control; Clinical Integration Across Settings; Risk Management and Adjustment Strategies; and Patient Attribution and Activation. These collaboratives will be led by payment and delivery system reform experts at Starling Advisors and OptumInsight. Participating organizations will receive scholarships that cover the cost of learning collaborative tuition.

3. Grant Awards to Address Payment Reform Implementation Barriers

SNAC will provide grants to between five and seven safety net entities to help support real-time learning about best practices for addressing payment reform implementation challenges. Grant funding can be used to support technical assistance and other implementation costs. Each grant awardee will also participate in a virtual learning collaborative that best aligns with their grant project.

<u>**This Call for Proposals**</u>

This Call for Proposals (CFP) solicits proposals for two components of SNAC's initiatives: 1) grant awards and 2) Virtual Learning Collaboratives. Applicants may choose to apply for either a grant award (which will include learning collaborative participation), or to only apply for a Virtual Learning Collaborative scholarship. SNAC highly encourages safety net organizations that are in the earlier stages of planning for or implementing an alternative payment model to apply for the Virtual Learning Collaborative scholarship, rather than to the grant opportunity. Note: all grant applicants that are not selected for funding will automatically be considered for a Virtual Learning Collaborative scholarship. Safety net organizations interested in applying to any of the learning collaboratives (see below for additional information), and that are not pursuing grant funding for a project, should visit http://safetynet.asu.edu/ to download and submit their 2-page application. Safety net organizations interested in applying for grant awards will find more specific instructions in the subsequent sections of this Call for Proposals.

Grant Awards
This CFP requests proposals from organizations within the six safety net sectors to address a high impact challenge pertaining to payment and care delivery reform implementation. The lessons learned from each project will be shared widely by SNAC to inform the broader safety net community. Those organizations that are selected for funding will also receive a scholarship to a learning collaborative that best aligns with their proposed project. Any application that is not selected for a grant award will automatically be eligible for a Learning Collaborative scholarship award. For that reason, applicants will be asked to complete a short form to indicate their collaborative topic preferences.

Virtual Learning Collaborative scholarships
This CFP also requests applications from organizations within the six safety net sectors that wish to participate in one of six Virtual Learning Collaboratives that will dive deeply into specific payment reform implementation challenges. SNAC will support scholarships for up to 60 organizational teams to participate in one or more collaboratives. A scholarship (not conferred as a financial award) will cover the cost of tuition for one learning collaborative. As with the grant opportunity, this is a competitive process.

Each Virtual Learning Collaborative will run for three months, and will include six bi-weekly 90-minute virtual meetings that address a topical payment or care delivery reform challenge. Each collaborative will be informed by the participation of one of SNAC's grantees. The goal of the Virtual Learning Collaboratives is to foster a shared learning environment and identify practical solutions to challenges organizations face in engaging in payment and care delivery changes in their regions. Real world examples, case studies, and exercises will be used to support collaborative teams in identifying strategies that not only represent emerging best practices from the safety net, but also facilitate creative problem-solving that will assist the teams in implementing activities and solutions that best meet their unique concerns and circumstances. After the third session, teams will identify a project they will use to apply the concepts of the collaborative. The collaboratives will be facilitated by experts from Starling Advisors and OptumInsight. Learning collaborative topics and tentative dates can be found in the table below. For more information about the technical assistance providers, please visit http://safetynet.asu.edu.

Collaborative Topics	Tentative Dates
Clinical Care Team Transformation Strategies	June 1st- September 1st, 2016
Network[d] Structure, Governance, and Operations	June 1st- September 1st, 2016
Financial Planning, Implementation, and Control	September 15th- December 15th, 2016
Clinical Integration Across Settings	September 15th- December 15th, 2016
Risk Management and Adjustment Strategies	January 15th- April 15th, 2017
Patient Attribution and Activation	January 15th- April 15th, 2017

As indicated above, safety net organizations interested in applying to a Virtual Learning Collaborative, and that are not pursuing grant funding for a project, should visit http://safetynet.asu.edu/ to download and submit their 2-page application by 3pm EDT on April 1st, 2016.

Focus Areas for Grant Awards

Funded grant projects must address one or more Virtual Learning Collaborative topic area, and must identify a specific implementation barrier to address through their project activities that will help advance broader field learning. Various project examples are listed below. Please note: the project examples listed under each topic below are intended to guide proposal development; they are NOT required projects.

Project examples from each topical area include:

1. Clinical Care Team Transformation Strategies
   ● Leveraging new payment models and financial resources to support team-based care coordination
   ● Developing care teams based on different tiers of acuity
   ● Preventing provider burnout in the transition to new care and payment models
   ● Implementing payment changes that support integrated care or alternative care models
2. Clinical Integration Across Settings
   ● Allocating gain shares across organizations
   ● Enhancing hand-offs with supportive organizations
   ● Population targeting and planning; working with partners to coordinate care for high risk patients, designing care that is supported through payment models
   ● Identifying and removing redundant care activities
   ● Bringing supportive community resources and services into new payment and care delivery models
3. Network Structure, Governance, and Operations
   ● Aligning board composition with care delivery transformation goals
   ● Assessing the cost/benefit of different governance structures (IPA, MSO, etc.) to best execute on value-based payment and care delivery priorities
   ● Addressing infrastructure support needs to meet new payment and care delivery model requirements
   ● Leveraging clinician experience to inform and lead governance and operating decisions
4. Risk Management and Adjustment Strategies
   ● Supporting the move from one-sided to two-sided risk
   ● Establishing a Managed Care Organization
   ● Evaluating risk corridors
   ● Conducting an actuarial analysis of a patient population
   ● Quantifying savings/the value of avoided claims or utilization under value-based payment arrangements (accounting for risk adjustment)
5. Financial Planning, Implementation, and Control
   ● Budgeting under alternative payment models
   ● Developing compensation programs to reward performance under alternative payment models

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[d] Network structure refers to a group of external organizations involved in a care model.

- Understanding and planning for infrastructure, data and information systems, and care management needs of alternative payment models
- Understanding the role of financial reserves
- Assessing key financial drivers of success and how they shift from volume-based to value-based payments
- Distributing compensation among care team members to best align with the goals of a new payment reform and care delivery model

6. Patient Attribution and Activation

- Extracting payer data to create action plans for reaching unengaged patients
- Developing analytic capacity for real-time attribution
- Leveraging health plan resources for engaging patients
- Building new tools into clinical protocols such as: Shared Decision Making, Health Risk Assessment, Preventable Adverse Event assessment, and motivational interviewing under value-based payment arrangements

Total Awards

- This funding opportunity will award between 5 and 7 grants
- A total of $500,000 will be awarded through this funding opportunity
- Grants will be awarded for up to $80,000 each
- An indirect rate of 12% of personnel, other direct costs, and purchased services can be included for each project. If purchased services exceed 33% of the grant, the indirect rate applied to purchased services will be 4%.
- Each grant will begin on June 1st, 2016 and all activities must be completed within 6 to 12 months
- Each grantee must direct or reserve a minimum of 25% of the project budget for third party technical assistance.

Eligibility for Grant Awards

Preference will be given to applicants that qualify as public entities, government health facilities, 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 National Safety Net Advancement Center may require additional documentation. Applicant organizations must be based in the United States or its territories, and must serve a patient population that qualifies as medically underserved

Proposals must be submitted by an individual organization. However, applicants may partner with any number of organizations and carry out projects as a consortium--in which case, a lead organization should be identified as the primary grant recipient. Letters of support from partner organizations are highly encouraged and should be submitted as additional documents.

Selection Criteria

- Applicants must ensure significant progress can be made with respect to the implementation challenge they are addressing within the 6 to 12 month timeframe of the grant. This should be demonstrated by clearly describing the anticipated outcomes of the proposed project (including specific project deliverables), as well as evidence of sufficient capacity required to complete the project.

- Applicants must designate clinical, financial, and data leaders for their project, as well as describe how the individuals will collaborate. If any of the named individuals are not the project director, they must submit a letter of support describing their involvement in the project. A letter of support from the CEO/executive director of the applicant organization is required. Additional letters of support from partner organizations are highly encouraged, but not required. Applicants must also identify other key members of the project team and describe their roles.

- Applicants are highly encouraged to identify an implementation barrier that can be addressed or supported with the help of technical assistance. Grantees must reserve a minimum of 25% of the project budget for technical assistance. Grantees may propose preferred technical assistance providers, but this is not required. Upon selection, SNAC will work with grantees to identify appropriate technical assistance providers for each project.

- Applicants must describe their current payment model and how they are either currently implementing a value-based payment arrangement or are actively working to enter into this type of arrangement, and should explain how overcoming the implementation barrier addressed in the proposal will help their organization successfully adapt to payment and care delivery reform. This CFP will not award planning grants.

- Applicants must collaborate with SNAC to publicly disseminate learnings to the greater safety net community. The proposed project must be informative to larger safety net audiences (either all safety net organizations or those within a specific sector). Projects should help expand on existing literature and practices regarding safety net payment and care delivery reform.

- Applicants must propose a project that is related to one of the six collaborative topics, must be able to participate in one Virtual Learning Collaborative relevant to their project, and must agree to participate in monthly progress report phone calls with SNAC.

Applicants that can demonstrate prior experience and progress made in adopting value-based payment and care delivery models will significantly strengthen their proposal. Please note that while applications are strongly encouraged from safety net organizations in all six sectors, grants will not necessarily be awarded to organizations in each sector. Ultimately, submissions will be judged based on their quality and potential to inform learning and promulgate best practices and models across the safety net.

How to Apply

Grant Awards

Grant proposals must be submitted via the RWJF online system. You may use this Apply Link to access the online application system. If you have not previously registered at http://My.RWJF.org, you will be required to do so before you sign in and before you can access the application using the Apply Link. Once you have signed in using your password, look for the section titled "*Selected call for proposal*" at the top of the screen and click "Apply." Next time you sign in, look for your application in the "*My current applications*" box. Proposals are due on April 1st, 2016, at 3pm EDT per the timeline below.

SNAC recommends that interested applicants submit a 5-page proposal, as well as a brief project budget and other required supporting documents (as outlined in the online application system).

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 SNAC's email address: safetynet@asu.edu

SNAC will not provide individual critiques of submitted proposals.

Virtual Learning Collaborative Scholarships

Safety net organizations interested in applying for a Virtual Learning Collaborative Scholarship, and that are not pursuing grant funding for a project, should visit http://safetynet.asu.edu/ to download and submit their 2-page application. Applications are due on April 1st, 2016, at 3pm EDT per the timeline below.

Application Timeline

All application materials are due within 6 weeks of this CFP announcement. Finalists will be selected within four weeks of the proposal deadline. Key dates and deadlines can be found in the table below.

Event	Date
Full Proposal Announcement	**February 22, 2016**
Prospective Applicant Webinar	**February 29, 2016, 1:00pm EDT**
Full Proposal Submission Deadline for Grant Applications and Virtual Learning Collaborative Scholarships	**April 1, 2016, 3:00pm EDT**
Finalist Notification	**May 9, 2016**
Grant Launch Date	**June 1st, 2016**

References

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3. National Association of Community Health Centers. http://www.nachc.com/client/documents/2013%202014%20Annual%20Report1.pdf
4. The National Council for Behavioral Health. 2014 Annual Report. file:///C:/Users/cqdinh/Downloads/14_NatCon_Annual%20Report%20(1).pdf.
5. America's Essential Hospitals. http://www.essentialhospitals.org.
6. National Indian Health Board. http://www.nihb.org/tribal_resources/indian_health_101.php
7. United States Census Bureau. http://www.census.gov/newsroom/facts-for-features/2014/cb14-ff26.html
8. Flex Monitoring Team. http://www.flexmonitoring.org/data/critical-access-hospital-locations/.
9. NNOHA. Operations Manual v 1.1. http://www.nnoha.org/nnoha-content/uploads/2013/08/OpManualChapter1.pdf.
10. Werner, RM et al. Comparison of Change in Quality of Care Between Safety-Net and Non–Safety-Net Hospitals. *JAMA*. 2008;299(18):2180-218
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