

## 2020 Call for Proposals

Proposal Deadline: September 2, 2020 (3 p.m.)



Robert Wood Johnson Foundation

# Research to Advance Models of Care for Medicaid-Eligible Populations

## BACKGROUND

The Robert Wood Johnson Foundation (RWJF) is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this vision requires health systems to address the full set of interrelated medical (e.g., physical health, mental health, and substance use disorders) and non-medical needs (e.g., social, functional, and economic) of the Medicaid-eligible individuals they serve.<sup>1</sup> To do so, health systems are implementing new health system models of care. Health system models of care generally include the following:

- A set of interventions and activities targeted to a given population that are carried out consistently and organized in a coordinated, holistic way;
- An array of care team members, defined care team roles and responsibilities, and the protocols that they follow;
- Balanced human and technological resources that facilitate connections between the target population, clinical teams, and other supports (e.g., community health workers, community-based organizations);
- Partnerships with the community and appropriate social service or government agencies, organizations, and programs;
- Data infrastructure to better identify and serve people's specific needs.

Although health systems have been implementing models to address Medicaid-eligible individuals' goals and needs, the current literature does not lift up characteristics of successful models in a structured framework. There is an opportunity to systematically understand: 1) how existing health system models of care are meeting the interrelated goals and needs of Medicaid-eligible individuals; and 2) to what extent these models are advancing [health equity](#).

To bridge this gap, Avalere and RWJF partnered in 2019 to [establish](#) the Health Systems Transformation Research Coordinating Center (HSTRC). In collaboration with health system leaders and other stakeholders, the HSTRC aims to transform health system care to promote health equity for Medicaid-eligible individuals. In 2020, HSTRC launched a Research Collaborative, which includes stakeholders from health systems, research institutions, patient advocacy organizations, other foundations, and thought leaders, to change the ways in which research is generated, funded, and used to transform health systems. HSTRC then developed a [Research Agenda](#) to strengthen evidence examining health system models of care that address the interrelated goals and needs of Medicaid-eligible individuals. The HSTRC Research Agenda was built with the Research Collaborative input and findings from a

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<sup>1</sup> For this CFP, we are interested in those health systems that serve a high percentage of Medicaid-eligible populations, including public or essential hospitals, federally qualified health centers, and integrated delivery systems.

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multidimensional Research Directory that includes: 1) a literature review; 2) focus groups with Medicaid beneficiaries; and 3) interviews with key opinion leaders. The Research Agenda outlines a holistic way to evaluate health system models of care by specifying priority components.

Through this call for proposals (CFP), the HSTRC will fund research on health systems models of care to better understand which model components are essential to promoting health equity. Additional information on the program is provided in the following section.

## THE PROGRAM

The goal of the program is to conduct original research and evaluate the extent to which health system models of care are advancing health equity for the Medicaid-eligible populations they serve. For the purposes of this work, we define health systems as facility-based provider organizations that serve a high percentage of Medicaid-eligible individuals (e.g., public or essential hospitals/health systems, federally qualified health centers, integrated delivery systems that serve a high percentage of Medicaid-eligible individuals).

In acknowledgement that model design may vary within a defined model type or name (e.g., patient-centered medical home), the HSTRC is focused on components that drive model success, not model type or name. The HSTRC recognizes components of promising health system models of care as part of the evidence base. Specifically, successful health system models of care clearly articulate the following components: their population of interest; the set of needs (medical and nonmedical) they aim to address; how data infrastructure supports model success; model activities and/or interventions; the set of resources required to carry out the activities or interventions; mechanisms that may be leveraged to develop, implement, or sustain the model; and what model success looks like. Proposals should aim to strengthen the evidence base for these promising components or fill gaps for components where limited or no evidence is available.

We'll be funding research for evaluation of health system models of care that leverage the components identified in our evidence-based Research Agenda, but for which more evidence is needed to: 1) understand the best ways of integrating multiple components for the specific populations they serve; and 2) better understand how the models advance health equity.

The following are examples of research questions successful proposals could support:

- To what extent do the priority components that are outlined in the Research Agenda promote health equity when put into practice?
- How effectively and efficiently can these priority components outlined in the Research Agenda be integrated in a coordinated and comprehensive way?
- How can health systems most effectively leverage a mix of technological and human resources to effectively meet the interrelated needs of different segments of the Medicaid-eligible population?
- How can the models of care be best implemented to not only improve outcomes overall but also reduce disparities in outcomes across different Medicaid-eligible populations?

Studies funded under this program should apply the principles of participatory approaches, such as community-based participatory research (CBPR), to ensure amplification of the voice of the target population.<sup>2</sup> Given the focus of

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<sup>2</sup> Wallerstein N, Duran B. "Theoretical, Historical, and Practice Roots of Community Based Participatory Research" in *Community-Based Participatory Research for Health: Advancing Social and Health Equity*. 3rd ed. San Francisco: Jossey-Bass; 2018:17-29.

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participatory approaches is to conduct research “with” and not “on” the community, the method allows hierarchy of knowledge that traditionally prioritizes the researcher over the community to be democratized.<sup>3</sup>

Additionally, grantees will be expected to participate in activities of the HSTRC throughout the duration of their grant, including active participation in Research Collaborative meetings to share early research findings, address questions, and garner expert input. All proposed research studies must include a plan to translate findings into practical recommendations for health systems and strategically disseminate findings to health systems and other appropriate stakeholders to ensure learnings are translated into mainstream practice. Grantees under this program will be required to work actively with an evaluator selected by RWJF that will conduct an evaluation for the overall program.

## TOTAL AWARDS

- Up to \$2.7 million will be available under this CFP.
- Project funding for each grant can be up to \$300,000 each to accommodate grants between 12–18 months.
- Up to nine studies will be funded.

## ELIGIBILITY CRITERIA

Projects may be generated from health systems—defined as facility-based provider organizations, or other provider organizations (e.g., public or essential hospitals, federally qualified health centers, integrated delivery systems, community-based organizations)—which primarily serve a high percentage of Medicaid-eligible individuals. Researchers, as well as practitioners and public and private partners working with researchers, are eligible to submit proposals through their organizations. Researchers do not have to be affiliated with a health system but are expected to partner with a health system for the purposes of this project.

Preference will be given 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.

## OUR EQUITY, DIVERSITY, AND INCLUSION COMMITMENT

The Robert Wood Johnson Foundation is committed to building a Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. Achieving this goal requires focus on equity, diversity, and inclusion. To that end, we are committed to fostering diverse perspectives. We recognize that individuals’ perspectives are shaped by a host of factors, such as their race, ethnicity, gender, physical and mental ability, age, socioeconomic status, gender identity and expression, sexual orientation, familial status, education, religion, legal status, military service, political affiliation, geography, and other personal and professional experiences.

We know that the presence of diverse perspectives alone is not sufficient. Therefore, we also are committed to creating inclusive environments where all individuals are encouraged to share their perspectives and experiences.

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<sup>3</sup> Fals-Borda O. “Participatory (Action) Research in Social Theory: Origins and Challenges” in *Handbook of Action Research: Participative Inquiry and Practice*. 2nd ed. Thousand Oaks, Calif: SAGE Publications, Inc.; 2001:27–37.

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We believe that only through valuing our differences and similarities, and remaining vigilant in advancing equity, will we be able to maintain an equitable workplace and actively pursue equity in all aspects of our work. We commit to being continuous learners and working alongside others to cultivate equity, diversity, and inclusion.

## SELECTION CRITERIA

Proposals will be evaluated based on demonstration of:

- Understanding of and demonstrated commitment to health equity, including demonstrated experience in engaging diverse Medicaid-eligible populations
- A clear articulation of the research question(s) to be addressed that have the potential to effectively build the evidence base for the priority model components and advance the goals of the program
- A high-quality, methodologically rigorous, and feasible plan that can support sound conclusions to contribute to the evidence base on this topic
- Ability to successfully execute the proposed study, with evidence of the appropriate collaborative relationships and data infrastructure
- Relevance to [HSTRC Research Agenda](#), including demonstration that the model of care reflects Research Agenda priority components by responding to the following questions:
  - What needs does the model of care address? *Priority will be given to those that address multiple needs, including at least one of each of the following: social, physical, and behavioral health need.*
  - What is the target population for the model of care? *Priority will be given to those focused on a high percentage of Medicaid-eligible individuals.*
  - What activities or intervention does the model of care include to meet the needs of the target population? *Priority will be given to those that incorporate multiple coordinated activities or interventions that have demonstrated success in the target population.*
  - What data infrastructure exists to support model of care implementation, track progress, and evaluate success? *Priority will be given to those that demonstrate data infrastructure necessary to evaluate model success.*
  - Is the model of care supported by policy mechanisms and/or other levers (e.g., payment models, cross-stakeholder collaboration)?
  - How is success defined for the model of care? *Priority will be given to those clearly defining how the model promotes health equity in their specified target population.*
- Approach to dissemination and communication of research findings to health system leaders and practitioners, as evidenced by creative approaches planned for the communicating findings.

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Preference will be given to studies that apply the principles from participatory approaches, like CBPR,<sup>4,5,6</sup> to research and evaluation; devote attention to the potential for differential effects of interventions across populations at risk for health inequities; and/or use of evaluation as a tool for advancing equity by applying principles of equitable evaluation.<sup>7</sup>

## EVALUATION AND MONITORING

An independent research group selected and funded by RWJF will conduct an evaluation of the program. As a condition of accepting RWJF funds, we require grantees to participate in the evaluation.

Grantees are expected to meet RWJF requirements for the submission of narrative and financial reports, as well as periodic information needed for overall project performance monitoring and management. We may ask project directors to participate in periodic meetings and give progress reports on their grants. At the close of each grant, the lead agency is expected to provide a written report on the project and its findings suitable for wide dissemination.

## APPLICANT SURVEY PROCESS

The Project Director of the proposal may be contacted after the submission deadline by SSRS, an independent research firm. The Project Director will be asked to complete a brief, online survey about the proposal process and applicant characteristics. This voluntary questionnaire will take no more than 15 minutes to complete. Responses provided to SSRS will not impact the funding decision for your proposal in any way.

SSRS will protect the confidentiality of your responses. RWJF will not receive any data that links your name with your survey responses.

## USE OF GRANT FUNDS

Grant funds may be used for project staff salaries, consultant fees, data collection and analysis, meetings, supplies, project-related travel, other direct project expenses, including a limited amount of equipment essential to the project, and indirect costs to support the general operations of the applicant organization. In keeping with RWJF policy, grant funds may not be used to support clinical trials of unapproved drugs or devices, to construct or renovate facilities, for lobbying, for political activities, or as a substitute for funds currently being used to support similar activities. Additional budget guidelines are provided in the online application materials.

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<sup>4</sup> Wallerstein N, Duran B. "Theoretical, Historical, and Practice Roots of Community Based Participatory Research" in *Community-Based Participatory Research for Health: Advancing Social and Health Equity*. 3rd ed. San Francisco: Jossey-Bass; 2018:17-29.

<sup>5</sup> Fals-Borda O. "Participatory (Action) Research in Social Theory: Origins and Challenges" in *Handbook of Action Research: Participative Inquiry and Practice*. 2nd ed. Thousand Oaks, Calif: SAGE Publications, Inc.; 2001:27-37.

<sup>6</sup> Duran B, Wallerstein N, Avila MM, et al. "Developing and Maintaining Partnerships with Communities." in *Methods for Community-Based Participatory Research for Health*. 2nd ed. San Francisco: Jossey-Bass; 2013:43-68.

<sup>7</sup> Equitable Evaluation Initiative. "The Equitable Evaluation Framework." [www.equitableeval.org/ee-framework](http://www.equitableeval.org/ee-framework). (accessed May 1, 2020).

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## OPEN ACCESS

In order to ensure RWJF-supported research is made accessible to a wide and diverse audience, grantees who publish findings in peer-reviewed publications must do so in open access journals and/or must include funds in their budgets to cover the cost of making the resulting publications open access (typically \$2,000–\$5,000 per manuscript).

## HOW TO APPLY

Proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/HST](http://www.rwjf.org/cfp/HST) and use the “Apply Online” link. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the proposal process.

Applicants should submit a full proposal of no more than 10 pages (excluding optional reference appendix) accompanied by a detailed budget and budget narrative, and should contain the following information about the proposed project:

- Description of health system, including the payer mix of the population the health system serves;
- Description of the health system model of care, including model objectives and any relevant publications about the model of care or its activities/interventions;
- Research question(s) that supports the goals of this CFP;
- Methodology, including attention to participatory approaches;
- Background and experience of the applicant(s);
- Description of the relationship with any relevant partners or other organizations;
- Milestones, including deliverables and plans for dissemination;
- Budget and budget narrative;
- Curricula vitae.

Please direct inquiries to:

Courtney Ramus, MPH, *project manager*  
Phone: (202) 446-2276  
Email: [cramus@avalere.com](mailto:cramus@avalere.com)

All applicants should log in to the system and familiarize themselves with online submission requirements well before the final submission deadline. Staff may not be able to assist all applicants in the final 24 hours before the submission deadline.

RWJF does not provide individual critiques of proposals submitted.

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## PROGRAM DIRECTION

Responsible staff members at Avalere are:

Joshua Seidman, PhD, MHS, *project lead*  
Courtney Ramus, MPH, *project manager*  
Amanda Napoles, MPH, *project manager*

Responsible staff members at the Robert Wood Johnson Foundation are:

Jacquelynn Y Orr, DrPH, FACHE, *program officer*  
Stephen Theisen, *senior program financial analyst*

## KEY DATES AND DEADLINES

- **September 2, 2020 (3 p.m. ET)**  
Deadline for receipt of full proposals.\*
- **October 15, 2020**  
Selected grantees notified.
- **December 15, 2020**  
Grants start.

\*All proposals for this solicitation must be submitted via the RWJF online system. Visit [www.rwjf.org/cfp/HST](http://www.rwjf.org/cfp/HST) and use the “Apply Online” link. If you have not already done so, you will be required to register at <http://my.rwjf.org> before you begin the proposal process. All applicants should log in to the system and familiarize themselves with online proposal requirements well before the final 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, late submissions will not be accepted.

### *Late Submissions*

RWJF will accept only those proposals that are completed/submitted at the time of the deadline. Because one of our Guiding Principles is to treat everyone with fairness and respect, RWJF’s deadline policy applies to all applicants. If an applicant experiences a problem with the online application system that may prevent them from submitting on time, please notify the program administrator immediately. To do so, click on the “Contact Us” link found in the “Resources” area on the left side of most screens within the online proposal site. We encourage you to submit your proposal well before the deadline so that any unforeseen difficulties, e.g., technical problems, may be addressed in advance of.

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## **ABOUT THE ROBERT WOOD JOHNSON FOUNDATION**

For more than 45 years, the Robert Wood Johnson Foundation has worked to improve health and health care. We are working alongside others to build a national Culture of Health that provides everyone in America a fair and just opportunity for health and well-being. For more information, visit [rwjf.org](http://rwjf.org). Follow the Foundation on Twitter at [www.rwjf.org/twitter](http://www.rwjf.org/twitter) or on Facebook at [www.rwjf.org/facebook](http://www.rwjf.org/facebook).

Sign up to receive email alerts on upcoming calls for proposals at [www.rwjf.org/manage-your-subscriptions.html](http://www.rwjf.org/manage-your-subscriptions.html).

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