

SAFETY NET HEALTH CARE



2016

*Request for
Proposals*



The long term goal of the Safety Net Health Care funding is to ensure a strong Safety Net Health Care System that provides easy access to quality care resulting in better health, better care, and lower costs.

The Health Care Foundation of Greater Kansas City (HCF) has awarded nearly \$60 million in funding through our safety net health care foundation funding round to improve access to health and oral health services.

2016 Safety Net Health Care RFP Goal

The goal of the Safety Net RFP is to ensure that vulnerable populations have access to a strong safety net health care system that delivers high quality health and oral health care services resulting in better health, better care and lower costs through improvements. A total of \$4 Million is available through the 2016 Safety net Health Care RFP.

Importance of Health Equity

HCF believes that health equity is achieved when every person has the opportunity to attain his/ her full health potential and no one is disadvantaged because of gender, ethnicity, where they live or economic status.

HCF Overview

The Health Care Foundation of Greater Kansas City is dedicated to the mission of providing leadership, advocacy and resources to promote quality health for uninsured and underserved in Kansas City, Missouri and the following counties: Cass, Jackson and Lafayette in Missouri and Allen, Johnson and Wyandotte in Kansas.

Since we began grantmaking in 2005, we have dedicated more than \$210 million to organizations and programs who are working toward achieving our mission and vision. For more information, visit hcfgkc.org.



Deadlines

Letter of Intent

June 22, 2016

Full Proposal Submission

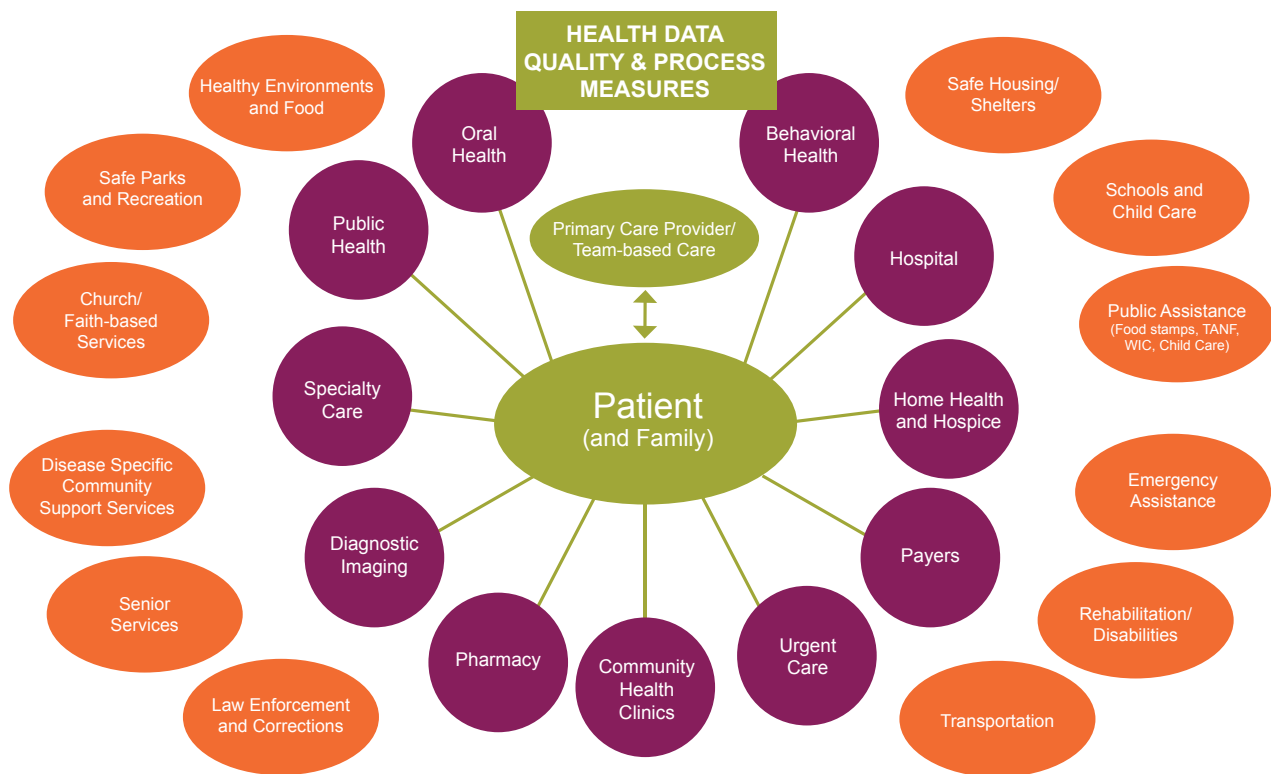
August 3, 2016

Awards Announcement

December 14, 2016

KEY CONCEPTS

Safety Net Health Care Neighborhood Integrated health and social service delivery system



IHI Triple Aim :Better Health, Better Care, Reduced Cost
Quality Care: Safe and Effective, Timely and Efficient, Patient-centered and Equitable

The Safety Net Health Care System

The medical Safety Net is composed of a network of free health clinics, charitable clinics, Community Health Centers (FQHC's), safety net hospitals and local public health institutions. The diversity of the Safety Net is one of its greatest strengths. This diversity allows patients to be served in the locations they choose, allows the institutions to adapt to local needs and allows different providers to develop areas of special focus or expertise.

Safety Net agencies work with a range of private and nonprofit organizations to serve the many needs of low-income patient. These partnerships include service agencies that provide adjunctive services at the local level, advocacy groups working on behalf of the under and uninsured, the research community, academia, and an array of faith, civic and voluntary groups.

THE APPROACHES



HCF's Safety Net Foundation Defined Grant funding seeks to support physical and/or oral health care service delivery models that hold the promise of delivering the three-part aim of better health, better care and lower costs. Applicant projects should address one or more of the following health care and/or oral health care strategies: access, quality and cost.

Access

The timely use of personal health care services to achieve the best health outcomes.

When people have access to regular, affordable high quality health care their health outcomes improve. Access to Health Care requires a strong safety net health care system. HCF will support programs that facilitate access to health care services through the following strategies:

- 1. Provide core operating support to improve the capacity of safety net clinics, community health centers and hospitals to deliver quality health care services**

Example: Support for an organizations day-to-day expenses to enable it to deliver quality health care services.

- 2. Enhance community-based support services that facilitate access to health care services.**

Examples: Patient navigation; care coordination, patient engagement and health literacy.

- 3. Improve access to adequate and affordable health coverage (e.g. public insurance & the marketplace).**

Example: Community outreach assistance/ education required to help enroll in the health insurance marketplace, Medicaid or other public programs.

When people have access to regular, affordable, high quality health care their health outcomes improve.

Quality

Health care that is patient-centered integrated across conditions, providers and settings and delivered in a way that is safe, timely, effective, efficient and equitable.

HCF will support programs that deliver high quality health care services and is interested in the following strategies:

1. Implementation of evidence-based and best/promising practices.

Examples: Patient-centered medical homes/health homes; Population management of complex, high risk and costly patients; Chronic disease management; Team-based care; Care Coordination; Transitions of Care; Integration of primary, behavioral and/or oral health services; Oral health preventative and treatment services

2. Improve patient care experience & engagement.

Examples: Patient experience of care as safe, timely, effective, efficient and equitable. Patient engagement/activation in self-management strategies.

3. Support the adoption of health information technology (HIT) and the use of health data to improve health outcomes/care.

4. Promote workforce innovations that address health care system transformation and/or practice redesign.

Example: Community health workers to coordinate care; promote patient engagement; address social determinates of health; Team-based Care

5. Development of a community-integrated health system. (Please refer to Safety Net Health Care Neighborhood Figure).

Example: Integrated health care networks partnering with Public Health & community organizations to reduce community health risk factors & provide coordinated health care. Community based organizations partner/collaborate with health care system to improve access to quality care.

Cost

Quality health care reduces overall health care costs through improvements.

Through this RFP, HCF will support projects that demonstrate an interest in understanding and testing cost and savings strategies (i.e., total dollars/utilization cost, cost per person [PMPM]) that may result from their project intervention. HCF is particularly interested in the following strategies:

1. Support projects that identify/test a method to assess and evaluate the potential cost/ savings of program interventions

Example: Design, test and spread methods to improve quality and reduce costs for patients with chronic conditions including preventative care and readmissions

2. Support multi-sector partnerships to collect/reflect costs to vulnerable populations.

3. Support multi-sector partnerships to develop and test payment methods that reward value in health care.

4. Support policy changes that promote reimbursements models that reward value in health care.



SAFETY NET THEORY OF CHANGE

TARGET CONSTITUENTS

- The uninsured, under-insured and underserved of greater Kansas City
- Safety Net clinics (SNC), community health centers (CHC), and SN hospitals
- Community-based organizations that support health care services

PROBLEMS

- The health care delivery system is fragmented and difficult to navigate
- Health care services are not always patient-centered, integrated and coordinated
- Individuals lacking adequate health insurance have difficulty accessing services
- The cost burden of health care is very high

GUIDING PRINCIPLES

- Patient engagement in health care will result in better patient experience and health outcomes
- The continuum of health care includes prevention, treatment and maintenance
- Health equity is a core value of a high quality health care delivery system
- People are best served when systems of care are patient-centered, integrated and coordinated
- Using the Triple Aim Framework: Better Health, Better Care and Lower Costs will improve the health care delivery system and health outcomes

STRATEGIES

Increase Access

- Fund service delivery and core operating support
- Facilitate greater care coordination and navigation
- Increase health care coverage that supports quality care

Improve Quality

- Implement evidence-based, practice-based and promising practices in service delivery
- Improve patient care experience, engagement & satisfaction
- Promote system transformation through implementation of innovative care models, practices, and workforce
- Advance the use of health data and health information technology (HIT)
- Promote integrated systems of care across SN clinics, hospitals, providers and key community-based services
- Develop strategic partnerships through formal agreements that lead to system transformation
- Advance leadership and workforce development opportunities
- Support efforts that pursue systems level change that include multi-sector partners working to transform the health and oral health system

Reduce Costs

- Support approaches that reduce costs, promote sustainability or contain costs

PURPOSE: To support greater access to a safety net of services that provide safe, timely, effective, efficient, equitable, integrated, affordable and quality health care and oral health care.

SHORT-TERM OUTCOMES

Access

- Increased number of patients receive quality care
- More individuals have insurance coverage
- Patients successfully navigate through the health care system

Quality

- Increased capacity to deliver high quality care
- Improved health outcomes
- Improved patient care experience, engagement and satisfaction
- Increased use of evidence-based, practice-based, promising practices, and patient-centered strategies in service delivery
- Increased formalized and meaningful partnerships between health care delivery providers and social services
- Greater integration of care
- Multi-sector groups work together to produce systems level change

Cost

- Lowered or maintained health care costs for SN organizations
- More affordable healthcare for individuals

LONG-TERM OUTCOMES

BETTER
HEALTH



BETTER
CARE



LOWER
COST

ULTIMATE IMPACT: People are able to live healthier lives because they have access to a health care delivery system that includes preventive care and provides regular, affordable, and high-quality health and oral health care.

MEASURING SUCCESS

HCF believes that the Triple Aim – dedicated to improving the experience of care, the health of populations and lowering the cost of care—can be used by health care providers and the health care system to focus their efforts and measure improvements and successes in quality, outcomes and reducing costs.

The IHI Triple Aim

A framework developed by the Institute for Healthcare Improvement (IHI) that describes an approach to optimizing health system performance. It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions or the "Triple Aim". The three dimensions of the Triple Aim are:

1. **Better Health**
Improving the health of populations.
2. **Better Care**
Improving the patient experience of care (including quality and satisfaction) along the IOM six domains of quality: Safety, timeliness, patient-centeredness, efficiency, effectiveness and equity
3. **Lower Costs**
Reducing the per capita cost of health care through improvements in care and patient experience.

HCF encourages applicants to review the Triple Aim Goals and Measures and if appropriate use it to inform/guide the projects outcomes framework. A guide to measuring the Triple Aim can be found at: <http://www.ihl.org/resources/Pages/IHIWhitePapers/AGuidetoMeasuringTripleAim.aspx>

Other guidelines you should consider when developing the project's evaluation plan include the following:

- The evaluation plan contains sufficient procedures and rigor to determine if program services/interventions are having the intended effect. Indicators that will be used to measure achievements are clearly defined.
- Outcomes should be realistic, meaningful and measurable.
- When implementing Evidence-Based-Practice (EBP) the evaluation plan should include outcomes and indicators that have been reported as valid measures for practice achievement.

Measures that may be appropriate include:

- Uniform Data System (UDS)
- U.S. Preventative Services Task Force (USPSTF)
- National Quality Forum (NQF) Quality Measures
- NCQA HEDIS Measures
- And/or any other appropriate or relevant measures

" Outcomes should be realistic, meaningful and measurable"



THE APPLICATION PROCESS

All organizations interested in applying for a 2016 Safety Net Health Care grant will be expected to complete the online grant application available at hcfgkc.org. Cities, hospitals and universities are allowed to submit two proposals per each Foundation Defined Grant round.

The application process requires applicants to complete two steps: Letter of Intent and Full Proposal. Both steps include a number of required attachments, which can be found at hcfgkc.org.

Please ensure you are using the current 2016 templates from HCF's website. Do not use any previous templates you may have downloaded.



Deadline

The deadline for submitting the Letter of Intent application is June 22, 2016. The deadline for submitting the full proposal is August 3, 2016. The Letter of Intent and Full Proposals are due at 12:00 p.m. (noon) on the deadline days.

Step 1: Letter of Intent and Attachments

Applicants are required to submit a Letter of Intent. It should include a completed online application form and the following attachments:

1. Letter of Intent Narrative

2. 501(c)(3) IRS Letter of Determination

Applicants will receive an email confirming receipt of the application. The email will contain an electronic link to access the full application for Step 2. If an email confirmation is not received within 24-hours, please contact the Foundation.

Step 2: Full Proposal and Attachments

The full proposal should include an updated online application and the information indicated below.

1. Proposal Narrative

- Abstract
- Need statement
- Project overview
- Diversity and cultural competency information

2. Supporting Attachments

- Project budget and narrative
- Letters of commitment and/or support
- Board roster & demographics
- Applicant's operating budget
- Logic model (recommended)
- Most recent independent financial audit
- IRS 990 and IRS Letter of Determination
- Certificate of incorporation

For more information, please refer to the Frequently Asked Questions at hcfgkc.org/faq. In addition, we would like to encourage applicants to contact us via telephone or email with any questions.

Organizations that lack the capacity to complete the electronic grant application should contact Karen Guile at 816-241-7006 or kguile@hcfgkc.org.

THE SELECTION PROCESS

After an initial internal review process, a team of reviewers from outside HCF's service area will make recommendations for grant funding. External reviewers may also recommend further negotiation, modification or technical assistance in lieu of grant funding. HCF associates will make the final decision on the slate of recommendations in response to external reviewers' guidance and HCF Board direction. These recommendations will be presented to the Program/Grants Committee for consideration before they are approved or declined by vote of the HCF Board of Directors.

Securing additional funds from other sources to support your project is important to the Foundation. The Foundation will consider requests for no more than 75 percent of the cost of the proposed project. It is recommended that the remaining funds use a balanced approach of cash and in-kind resources. The Health Care Foundation will not fund more than 50 percent of an organization's operating budget. [Note – this includes the sum of all current grants HCF has with the organization.]

The Foundation reserves the right to reject proposals submitted, to request additional information or clarification from any or all applicants, and/or negotiate changes with applicants at any time before, during or after the award process. Grant awards are made at the sole discretion of the Foundation. No entitlement to funding for any organization at any level is expressed or implied. Successful applicants enter into a contract that gives the Foundation rights to review and evaluate grant-funded activities.

Review Process



DATA AND RESOURCES

It is highly recommended that you use current local or regional data in your grant application needs section. Safety Net Health Care resources are available at hcfgkc.org. HCF also encourages you to visit kchealthmatters.org, a one-stop resource for local health data and promising practices. Data is available for the six counties in our service area. The site is intended to help community organizations and coalitions learn about health issues, plan for improvements, and collaborate for positive change.



Features of the site include:

- Community Dashboard provides an overview of the indicators for each of the six counties in the HCF service area. A small number of data points are available at the zip code and census tract level.
- Disparities Dashboard that can be used to examine difference in health status based on age, race/ethnicity and gender.
- Healthy People 2020 Tracker to compare a county's status on a number of health issues with 2020 goals.
- Demographics Dashboard provides demographic data such as income, race, poverty status and educational attainment for each community.
- Promising Practices with a repository of more than 800 locally and nationally recognized practices to be tailored and replicated in other communities.
- Report Center to view a repository of published reports, web content, fact sheets and planning documents.
- Report Assistant and Indicator Comparison reporting tools to integrate the site content into customized reports.

For More Information

Additional resources can be found at hcfgkc.org.

Contact Graciela Couchonnal at gcouchonnal@hcfgkc.org or Andres Dominguez at adominguez@hcfgkc.org or call 816-241-7006.



Health Care  **Foundation**
OF GREATER KANSAS CITY