



Community Health Excellence (CHE) Grant Program 2017–2018 Application

A completed application must be submitted by **July 30, 2017**, and must include:

- A completed Application Cover Sheet and Narrative
- A completed Itemized Budget Form
- Letter of support from provider's CEO / CFO / Executive Director

Please submit all completed applications in an electronic format to:

peter.mcgarry@pacificsource.com



Community Health Excellence (CHE) 2017-2018

Mission and Goals

PacificSource's Community Health Excellence (CHE) program was created to align with and support the mission of PacificSource Health Plans: **To provide better health, better care, and better cost to the people and communities we serve.**

CHE grants seek:

- To create and expand an environment of **collaborative and innovative engagement** between the PacificSource Foundation for Health Improvement and providers who share a vision for better community health, better healthcare, and lower healthcare costs.
- To foster an environment of **continuous patient care improvement** among providers who practice in the areas PacificSource Health Plans serves.
- To elicit the diverse capabilities of provider organizations in ways that make a **significant positive health impact** for unique patient populations.

For application and budget form, please see the CHE page on our website:

PacificSource.com/che-program

Thank you for your interest in PacificSource's Community Health Excellence program!

Requirements

CHE Core Criteria

Successful CHE grant proposals will be those that will **change the delivery of healthcare services** in ways that promote achievement of the Triple Aim (lower costs, better patient experience, and higher quality of care) and improve the health of the community. PacificSource is interested in a wide range of innovative models and approaches, but currently has specific interest in proposals that focus on integration of healthcare services (such as mental, physical, oral, and pharmacy), effective management of complex patients, and effective care transitions.

Eligibility Parameters

- Healthcare providers who maintain a contractual relationship with PacificSource Health Plans for all lines of business applicable in the grant applicant's service area
- Healthcare providers who have significant annual revenue for PacificSource business
- Healthcare providers whose proposal demonstrates clear patient objectives aligned with CHE program core criteria and are supported by measurable data. **Please note: CHE funds must benefit the grant applicant's patients regardless of their insurance company.**
- Successful provider applicants from a previous year are eligible to apply for CHE funding for a second year for the same initiatives, but only if they demonstrate:
 - Significant opportunities for improvement on the original initiative design that were not realized in the first year
 - New opportunities for care improvement that were not contemplated or acted upon in the first year
- Successful grant applicants are limited to two years of funding per initiative, and are *not* eligible to apply for a third year.
- Applicants must include:
 - Project narrative
 - Detailed budget
 - The name of a project lead / sponsor who will work with the Foundation
 - Letter of support from their leadership team (CEO, CFO, or Executive Director)

Funding Parameters

Funding is available for expenses related to:

- Personnel salaries
- Training
- Improved patient care processes, including program development and designated clinic time
- Data collection and analysis
- Computer software, if integral and in support of initiative
- General supplies, in support of initiative
- Communications materials, in support of initiative
- Patient care not otherwise reimbursable by government or private insurance coverage

Funding is *not* available for expenses related to:

- Building or infrastructure remodeling
- Medical equipment or medical supplies
- Computer hardware or electronic medical records (EMRs)
- Consulting services, long term studies
- Studies or preliminary planning for initiatives not otherwise resourced by another organization
- Any third year of a CHE initiative that has been funded for the prior two years

Application Review: PacificSource's independent physician reviewers will review and score of applications. All funding decisions will be made by PacificSource at their sole discretion and subject to funding availability.

Timing of Funding and Reports: Half of the funding for an accepted CHE initiative will be made at the onset of the project, and the remaining half will be made upon the submission of a six-month progress report. The funding recipient is additionally required to submit a final-year progress report.

Payments: Funding will be made to the tax ID number used by the provider for PacificSource Health Plans claims payments.

End-of-Year Collaboration Conference: Recipients are expected to participate in shared experiences and learning with other CHE funding recipients at a collaboration conference organized by PacificSource.

Application Cover Sheet

Name of organization: _____

Organization Tax ID#: _____

Address: _____

City, State, Zip: _____

Payment address: _____

(if different) _____

Project title: _____

Organization CEO/CFO/ Executive Director
submitting Letter of Support:

Project sponsor: _____

Address (if different): _____

Phone: _____

Email: _____

Funding requested: _____

Funding category: _____

Project summary:

(There is a 10-page limit. In addition, you may include two optional pieces of supplemental materials (such as research articles, work plan, and so on).

1. Organizational Background

Please list the:

- Organization location
- Number of providers/full-time equivalents (for ambulatory care projects)
- Number of beds (for hospital care projects)
- Organizational mission statement
- Team members or project participants, including their role in the organization. Indicate the organization's key project sponsor.

2. Project Description

A. Ambulatory Care Initiatives

Present an overview of the project and how it addresses elements of the ambulatory care patient categories and ambulatory care program objectives (see below). Please include:

- What the project is trying to accomplish
- What changes are being proposed by the project
- Who the targeted patient population is
- How the project will benefit the lives of the patient population
- The emerging best practices and/or evidence-based guidelines upon which the project is based
- Similar existing collaborations or initiatives
- The unique traits and capabilities of the organization that will be employed by this project
- How different clinicians, hospitals, or other members of the community will learn about your project

Ambulatory care patient categories:

- Newborns
- Children, including those with asthma, diabetes, or other chronic conditions
- Pregnant women
- Adults with diabetes, asthma, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), or other chronic conditions
- Adults in need of mental health or chemical dependency services
- Adults in need of preventative care services
- Adults in need of end-of-life care

Examples of potential ambulatory care proposals:

- Improved access to outpatient care
- Improved chronic condition management, as provided in clinician office or through self-management
- Improved communication, coordination, and/or integration of outpatient care between providers
- Introduction of multidisciplinary care models
- Delivery of evidence-based medicine
- Use of Patient Decision Aides (PDAs)
- Improved pregnancy / prenatal care
- Improved management of complex conditions
- Improved preventive care
- Increased patient satisfaction
- Increased utilization of care in the appropriate setting
- Reduced utilization of unnecessary emergency room visits
- Reduced utilization of unnecessary hospitalizations

B. Project Description – Hospital Care Initiatives

Present an overview of the project and how it addresses elements of the hospital care program objectives (see below). Please include:

- What the project is trying to accomplish
- What changes are being proposed by the project
- Who the targeted patient population is
- How the project will benefit the lives of the patient population
- The emerging best practices and/or evidence-based guidelines upon which the project is based
- Similar existing collaborations or initiatives
- The unique traits and capabilities of the organization that will be employed by this project
- How different clinicians, hospitals, or other members of the community will learn about your project

Examples of potential hospital proposals

- Infection reduction/prevention (surgical site, central line, MRSA, and so on)
- “Never Event” prevention as defined by Centers for Medicare & Medicaid Services (CMS)
- Reduced surgical complications /errors
- Evidence-based care for cardiac/circulatory conditions, such as CHF, myocardial infarction, stroke, and other conditions
- Reduction of harm from high-alert medications, dosing errors, allergic reactions, or adverse drug events/interactions
- Reduction of bed sores/pressure ulcers
- Increased patient satisfaction

- Improved coordination or integration of hospital care with community providers
- Reduction of unnecessary readmissions to the hospital
- Improved transition of care for patients upon discharge from inpatient care settings

3. Measurements

- What are the measurements that will indicate the project objectives have been met?
- Will they measure process or outcome?
- Will they be based on any best-practice or evidence-based care guidelines?
- What method and tools will be used to collect data?
- Who will collect the data?
- What dependencies (consultants, outside staff, systems, planned system upgrades, and so on) will data collection rely on?

4. Timeline

Provide detail on a one-year timeline for the project, including key steps, phases, and objectives. Provide detail on how data will be compiled for mid-year and end-of-year progress reports.

5. Sustainability

Provide information on any plans for sustaining the project beyond the one-year project cycle.

6. Organizational Strategic Plan

Describe how your project fits into your organization's strategic or long-range plans.

7. Letter of Support

Include a letter of support from your organization's Chief Executive Officer, Executive Director, or Chief Financial Officer.

8. Itemized Budget

Include a completed CHE Itemized Budget Form.

9. Success Dependencies

- What is the one element in your application that you anticipate will contribute the most to your initiative's success?
- What is the one element (or missing element) that may cause the initiative to not meet its goals?

2017–2018 Timeline

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|---|-------------------------------|
| Engagements with providers interested in CHE program..... | Through July, 2017 |
| Application deadline | July 30, 2017 |
| Application decisions by the PacificSource Foundation | October 7, 2017 (approximate) |
| First CHE payments | November 1, 2017 |
| Ongoing progress reports | Every 8 weeks (approximate) |
| Mid-year progress reports due, with data..... | May, 2018 |
| Second CHE payments | May, 2018 |
| End-of-year progress reports due, with data | November, 2018 |
| Collaboration conference with presentations | November, 2018 |