



# BRONX PARTNERS FOR HEALTHY COMMUNITIES

## **BPHC Innovation Fund Invitation for Proposal – Winter Round**

**December 21, 2017 (Updated)**

### **A. Purpose:**

Bronx Partners for Healthy Communities (BPHC) is issuing an invitation to member organizations (“Members”) to participate in the second round of our **Innovation Program Fund**. This Program was created to encourage BPHC Members to develop and implement **innovative strategies, new interventions and programs** that complement required DSRIP implementation plans and milestones, and help to further address specific gaps in care and/or in the care support structure of the PPS.

The Innovation Fund will support programs and interventions that will make a transformative difference in patient care and outcomes and that do not currently have a funding stream. **Proposals must show how the intervention has value – by improving quality and performance or reducing cost – and is sustainable (i.e., has a return on investment, or ROI).**

For the Innovation Fund Winter Round 2018, the following specific objectives are being pursued:

- a. Address High Impact Metrics through Sustainable Project Implementation.** We want to align the pilot programs with the most valued metrics, which also indicate the most needed work in care delivery; however, the goal is not necessarily to *just* achieve the DSRIP outcome and funding, but rather to pave the road toward transformation of our community beyond DSRIP.

We are sharing the twelve (12) metrics that we would like to focus on – see page 2. Proposed pilot programs should have an understanding of how to measure baselines, collect data and track changes in performance for quality improvement. Work targeting complex patients with co-morbidities that involves cross-cutting partnerships is highly encouraged.

- b. Increase Collaborations.** We intend to support proposals that engage in collaboration so as to better identify and effectively address social determinants of health in settings across the care continuum. Collaborations may engage BPHC member organizations as well as stakeholders and community experts (i.e., faith-based organizations, local businesses, etc.) that are not attested BPHC Members.
- c. Inspire Policy Change.** We want to create new programs that drive policy change, whether in regulatory or reimbursement arenas.

BPHC’s Central Services Organization (CSO) will administer the selection process and manage the fund progress in collaboration with the partners’ leadership.

**B. Budget:**

As in Round 1, BPHC will make \$2M available for the second round of the Innovation Program Fund, with a maximum of \$250K available for each awarded project.

**C. Requirements for Eligible Submissions:**

1. **Population of interest:** Please state which sub-population you would work with from the options below. The two sub-populations do not need to be mutually exclusive.
  - a. Behavioral Health
    - Serious Mental Health (SMI)
    - Substance Use Disorder (SUD)
  - b. Medically homeless, including supportive housing, transitional housing, respite, shelters
  - c. Justice-involved
    - Re-entry population
    - Recidivist population
2. **Program areas of interest:** After choosing the population, please indicate the program area from the options below.
  - a. **Care transition** program that creates alternatives to readmission, hospitalization and incarceration; examples include detox, opioid treatment, harm reduction, SUD care coordination/integration, collaboration between transitions and social services
  - b. **(Re-)connecting** patients to care; examples include (re-)enrollment into Medicaid, Health Home transition for re-entry population, stabilization and improved access to housing (avoidable ED visits, connection to food, housing and employment services)
3. **Metric(s) of interest:** Finally, please indicate which metric(s) you would like to focus on, based on the population and program that you have selected.

<b>1</b>	Potentially Avoidable Readmissions (PPR)
<b>2</b>	Potentially Preventable ED Visits (BH) (PPV - BH)
<b>3</b>	Potentially Preventable ED Visits (PPV)
<b>4</b>	Follow Up after MH Inpatient (7 Days)
<b>5</b>	Follow Up after MH Inpatient (30 Days)
<b>6</b>	Engagement of Alcohol/Drug Treatment
<b>7</b>	Initiation of Alcohol/Drug Treatment
<b>8</b>	PDI 14 - Pediatric Asthma
<b>9</b>	PQI 15 - Asthma Younger Adults
<b>10</b>	PQI 1 - DM Short Term Complications
<b>11</b>	PQI 7 - Hypertension

<b>12</b>	<b>PQI 8 - Heart Failure Admission Rate</b>
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4. Proposals must also demonstrate:
  - a. How the application defines the population to serve, including its size and frequency of utilization.
  - b. How the applicant is qualified to work with the population of choice, the program of choice, and the metric(s) of choice.
  - c. How work will accelerate VBP readiness.
  - d. How work will drive performance improvement and help the PPS achieve DSRIP targets.
  - e. How the project will create new or strengthen existing community collaborations.
  - f. How the program will sustain the gains and achieve financial sustainability post-DSRIP.
  - g. How the proposal articulates scalability and/or plan of scaling up, i.e., if proven successful, how would the application expand it beyond the pilot phase in size and budget?
  - h. How the pilot is structured such that it is spreadable within the PPS, i.e., can the pilot be propagated and transferable to other partners within the network in terms of methodologies and plan, if proven successful?
  - i. How the pilot is strategically budgeted with sustainability in mind. Budgets will be capped at \$250K; however, the Review Workgroup may consider exceptions to the total cap amount on a case-by-case basis.

#### **D. Submission Details:**

1. A Member may submit up to five (5) proposals, each capped at \$250K. Only one proposal will be selected per Member.
2. Each proposal must be a pilot program or best practice, which, depending on successful results and sustainability potential, could be scaled up and spread.
3. We encourage the Members to collaborate with others; the fund will be awarded to the lead organization.
4. The Member's proposed 12-month initiative must include a timeline detailing all key activities and deliverables. It must commence no later than three (3) months after the contract is executed, and we also ask to limit the planning phase to be no more than three (3) months.
5. The proposal must include the following sections:
  - a. Description of the project, including population, program and metric(s) of interest (*maximum 300 words*)
  - b. Project Plan and Timeline (*maximum 1 page*)
  - c. Outcome(s) targeted (*maximum 300 words*)
  - d. Project budget and narrative (*maximum 1 page*)
  - e. Evaluation methods to determine success, financial sustainability/ROI, and scalability (*maximum 300 words*)

\* Please do not include any supplementary material beyond the maximum limit of 5 pages; the Review Work Group will *not* review them.

**E. Process for Selection:**

1. CSO will establish Review Workgroup comprised of CSO leads and selected members from the BPHC Project Advisory Committee (PAC).
2. Proposed timeline (certain dates are subject to change at the CSO discretion):
  - a. Invitation to Participate **December 19, 2017**
  - b. Informational Call December 21 & 22, 2017
  - c. Follow-up Q&A Call January 8, 2018
  - d. Proposals Due **January 22, 2018**
  - e. Vetting Sessions with Review Workgroup January 25 – February 15
  - f. Recommendations Presented to Executive Committee February 22, 2018
  - g. Selected Proposals Announced February 26, 2018
  - h. Contracts Issued March 2, 2018
  - i. Contracts Executed & Projects commence March 16, 2018