CHE Mission and Goals

The PacificSource Community Health Excellence (CHE) initiative 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 PacificSource Health Plans and providers who share a vision for better community health, better healthcare, and lower healthcare costs.
- Foster an environment of continuous patient care improvement among providers who practice across local PacificSource communities.
- Elicit the diverse capabilities of provider organizations in ways that make a significant, positive health impact for unique patient populations.

For more information, please visit: PacificSource.com/che-program or contact Gretchen Horton-Dunbar, CHE grants manager: CHE_Grants@pacificsource.com or 541-706-5127.

Thank you for your interest in the PacificSource Community Health Excellence initiative!

Application Instructions

Applications are due by 5 p.m. on July 31, 2020, for the 2020–2021 CHE program cycle. To apply online, create an account at GrantInterface.com/Home/Logon?urlkey=pacificsource.

You’ll need to provide the following information:

- A completed project description
- A completed itemized budget (via online fillable form)
- A letter of support from provider’s CEO/CFO/Executive Director

Please see the following pages for the details on how to submit your application.
Requirements

CHE Core Criteria

Successful CHE grant proposals 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 integrating traditional health workers with other providers of mental, physical, oral, and pharmacy care; culturally- and linguistically-appropriate care innovations; effective management of complex patients; and effective care transitions.

Eligibility Parameters

- Healthcare providers must maintain a contractual relationship with PacificSource for all lines of business applicable in the grant applicant’s service area.
- Healthcare providers must have significant annual revenue for PacificSource business.
- Proposals should demonstrate clear patient objectives aligned with CHE program core criteria and supported by measurable data. Please note: CHE funds must benefit all patients of the grant applicant.
- 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; and/or
  - 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 or sponsor who will work with PacificSource
  - 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

Funding Range Guidelines

- Requests should not exceed $100,000
- Average funding range is between $30,000 and $50,000

Application Review: PacificSource independent physician reviewers will review and score applications. All funding decisions will be made by PacificSource at its 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 presentation in person.

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

End-of-Year Collaboration Conference: Final Presentations: Participants are expected to participate in an October in-person learning collaborative where they’ll share a 30-minute presentation about their grant project and outcomes.
Application Narrative

The application narrative must include the following information, as outlined in the following pages:

- **Project Description**
- **Itemized Budget**
- **Letter of Support**
- **Supporting Materials (optional)**

## Project Description

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**

   Provide an overview about how the project addresses the patient categories and program objectives for ambulatory care (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 on which the project is based
   - Similar existing collaborations or initiatives
   - Attributes and capabilities that are unique to this organization or project
   - How clinicians, hospitals, or other members of the community will learn about your project
Patient categories for ambulatory care:

- 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 preventive care services
- Adults in need of end-of-life care
- Individuals with cultural, literacy, or language barriers to care

Examples of potential ambulatory-care proposals:

- Improved access to outpatient care
- Improved chronic condition management, as provided in a clinician’s 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 or 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
- Improved access to certified interpreters

B. Project Description – Hospital-Care Initiatives

Present a project overview, including how it addresses the objectives of the hospital-care program. 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 or 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
• Increased cultural competency training for clinical staff and leadership

3. Measurements
• What are the measurements that will indicate whether 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. **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?

**Letter of Support**

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

**Itemized Budget**

Include a completed CHE Itemized Budget Form.

**Supporting Materials (optional)**

Please upload any supporting documents you would like the committee to review.
2020–2021 Timeline

Application deadline ........................................... 5 p.m. Pacific Time on July 31, 2020

Application decisions made by PacificSource ........................................... October 15, 2020 (approximate)

First CHE payments ............................................................. November 15, 2020

Ongoing progress reports ....................................................... Quarterly (approximate)

Mid-year progress reports due, with data ........................................ April 2021

Second CHE payments .......................................................... May 2021

Collaboration conference with presentations ........................................ October 2021