



California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

**California
Improvement
Network** Better Ideas
for Care Delivery

Request for Proposals

External Program Office for the
California Improvement Network

Proposals due	July 14, 2017, noon PDT
Grant recipient announced	August 1, 2017
Onboarding and planning period	August 1-30, 2017
Program office functions begin	September 1, 2017
Project ends	September 30, 2019
Award amount	Approximately \$250,000-\$375,000 for the program office (\$750,000 total CIN budget for the program office, technical assistance and support to CIN, and grants for CIN members)

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II. About the California Health Care Foundation

The California Health Care Foundation (CHCF) is an independent philanthropy committed to improving the way health care is delivered and financed in California. By promoting innovations in care and broader access to information, CHCF's goal is to ensure that all Californians can get the care they need, when they need it, at a price they can afford.

For more information, visit www.chcf.org/about.

III. Background on CIN

CIN History

In 2005, CHCF established the California Improvement Network (CIN) to spread quality and performance improvement skills across provider organizations in California. Initially, CIN focused on quality improvement (QI) skills for chronic disease care, but the program expanded to meet the evolving needs of cross-sector network members and of CHCF. Today, it covers a wide range of topics including population health, care integration, and value-based payment.

Since its inception, CIN has employed multiple methods to advance its goal of "spreading better practices in care delivery," and over the years, it has evolved its program offerings. Initially, it was a loosely knit group of individuals and organizations focused on spreading improvements within and across organizations to share practices, experiences, and lessons learned. In subsequent years, CIN formalized a partnership with 14 organizations ("partners") involved in QI work and developed an infrastructure for QI training and spreading better practices in chronic care to support a broader group of organizations ("members"). In the most recent phase of work, CIN: (1) facilitated peer-to-peer learning through in-person and virtual convenings, including action and affinity groups; (2) provided access to expert training through workshops; (3) offered education via webinars and resource materials; and (4) offered "mini-grants" for focused consultation support to enhance "hub" organizations' (clinic consortia, Medi-Cal plans, and public health departments) QI programs, and trainings to their primary care safety-net partners. During Phase 5 (2015-2017), CIN supported 15 partner organizations and 4,500 members. Partners make the commitment to codesign CIN programming and to attend quarterly meetings, and members are invited to participate in workshops, webinars, and action/affinity groups and receive a semimonthly newsletter with links to additional resources. For more information on CIN, visit www.CHCF.org/CIN.

CIN has built a strong reputation as a trusted synthesizer and curator of QI content and as a resource for expert training on a wide range of care delivery topics (e.g., empanelment, motivational interviewing). It is the only network in California that brings together commercial and safety-net provider organizations, health plans, and the institutions that support them (e.g., QI instructional hubs). As such, it is uniquely positioned to facilitate connections and partnerships among peers across the health care sector. Moreover, CIN allows CHCF to disseminate content in support of its goal areas (e.g., the Opioid Initiative) and to test technical assistance modalities, project ideas, and even partners on a small scale and in real time.

Engagement remains high, as evidenced by the results of a 2016 partner survey and the continued enrollment of members — up 22% since 2014. The surveys and recent informal evaluations have indicated that members highly value CIN for its ability to foster a candid, cross-sector exchange and network among partners; CIN has been described as the only place for these kinds of discussions to take place among its partners and members. Additionally, regular in-person attendance of partners' leaders/executives is a testament to the value of the network.

CIN provides CHCF with a systematic and nimble way to: (1) engage provider, payer, and hub organizations in CHCF's programmatic work, (2) respond to emerging issues and requests for technical assistance, and (3) maintain an "ear to the ground" and serve as a trusted brand within the provider and plan community. For these reasons, CHCF believes that continuing support will be advantageous and has committed to funding for another two-year period.

However, while CHCF regularly collects and reviews participation and satisfaction data, recent phases have not been formally or comprehensively evaluated, so the actual impact of CIN is difficult to determine.

For Phase 6, CHCF proposes to continue the successful components of CIN while implementing new strategies for focusing and enhancing the network and its value to partners and to CHCF. Additionally, CHCF seeks an external program office to partner with to provide strategic and operational support for CIN under the leadership of CHCF. CHCF is also funding an external evaluator for CIN and anticipates an 18- to 24-month evaluation process.

The Phase 6 CIN objectives are:

- To spread better practices in care delivery and to strengthen relationships with the cross-sector provider and health plan communities by continuing successful components of the California Improvement Network for another two-year period
- To rigorously evaluate the impact of CIN in order to determine future priorities for quality improvement funding and programming

The critical components that CHCF will continue during Phase 6 include:

- CIN microsite on CHCF's website, which will be updated to a WordPress site by the end of 2017
- Continued focus on QI in primary care, including QI implementation projects, QI training, and other QI initiatives
- Cross-sector involvement of providers, health plans, QI program hubs, and experts
- Development of QI information and resources that can be shared broadly among the membership, including webinars and many other forms of communications
- In-person meetings for partners three times per year
- Capacity building through the use of mini-grants

Additional new components for implementation in Phase 6:

- Greater intellectual ownership of CIN (strategy, programs, and membership engagement) by the partners
- Creation of a “managing partner” group with three to four partners, an external program office lead, and up to two CHCF representatives
- Opportunities for connections among partners and members between in-person meetings, including, for example, expanded action groups
- Best-practice sharing of QI project implementations
- Improved communications, specifically with proactive and innovative ways for sharing resources more broadly
- Increased connections between CIN and the CHCF program staff, in the High-Value Care, Improving Access, and Innovation Fund programs
- External management of CIN website and communications by the program office, including posting and maintaining newly produced content

For more information on CIN background, resources, and activities, visit www.chcf.org/cin.

IV. Project Description: CIN External Program Office

As part of the Phase 6 restructured CIN, CHCF is seeking an external organization/team to become the program office of CIN, specifically to:

1. Lead CIN, working with partners on a strategy, program, themes for in-person meetings, grantmaking, communications, and other network technical assistance; help partners to have a strong commitment and intellectual ownership of CIN
2. Ensure strategic alignment between CHCF programs and CIN efforts
3. Ensure that CHCF is leveraging learnings from CIN to enhance its own program work
4. Support an evaluation (external to the program office and CHCF) that will provide insights into CIN’s value, program enhancements, and other sources of QI support for partners and members. Program office support will include guiding the selection of the external evaluator with the managing partner group, providing information to the evaluator, and supporting the engagement between the evaluator and CIN partners and members.

We are seeking a program office with the following capabilities:

- A neutral convener for QI providers, payers, and experts across commercial and safety-net health systems
- Knowledgeable of the California (and ideally, national) health care marketplace with QI experience in outpatient settings across commercial and safety-net systems
- An understanding of QI within health care provider and payer organizations

- Relationships with and the ability to engage and convene cross-sector senior health care leaders on QI
- Experience managing meetings and events (in person and online)
- Experience creating and managing high-quality communications materials (website content, webinars, CIN partner reports, podcasts, issue briefs, blog content, etc.). The program office may produce some of these communications and, in other instances, oversee CHCF-trusted outside vendors (writers, editors, and graphic designers) to produce communications
- Capacity to create and disseminate a regular e-newsletter, using a trusted email marketing system such as MailChimp or Constant Contact. This includes writing newsletter content in an HTML template and collecting and managing new signups.
- Experience and infrastructure to manage many small grants (e.g., typically \$5,000-\$20,000 apiece), honoraria, and event and travel reimbursements
- Experience managing a network with diffused control
- Ability to manage ambiguity — specifically, experience creating, prioritizing, and vetting QI topics and agendas
- Ability to work collaboratively and become a “thought partner” with CHCF, including the ability to be flexible should CHCF’s or partners’ needs or priorities change

V. Program Office Deliverables, Activities, and Timeline

Phase 6 of CIN is from September 1, 2017, to September 30, 2019. The selected program office will be confirmed by July 31 2017, and will have the month of August 2017 to onboard and plan activities with CHCF. CIN program support and activities should begin in September 2017.

The deliverables expected from the external program office are as follows.

The program office will lead and colead with CHCF several efforts to support CIN partners and will facilitate and guide the partners on strategy, goals, evaluation, programs, and grants, specifically:

1. Create and leverage an annual forum for CIN partners and CHCF program staff on strategic planning to create a shared program agenda that includes identifying and connecting CHCF leads with CIN partner leads regarding the critical content, topics, and issues of interest for both parties. Output will include a two-year strategic plan for Phase 6 of CIN along with a timeline and action plan.
2. Create and lead a managing partner group, with three or four partners, one or two CHCF program staff, and a program office lead, that would (ideally) remain a group for the duration of this phase of CIN. Use this group to create stronger ownership and commitment from CIN partners and ensure alignment between CIN and CHCF.

3. Create clear expectations of network partners (vs. members), including participation requirements, QI project implementation requirements, how to share learnings, and expected partner staff commitment.

Note: Items 1, 2, and 3 will be managed by the program office under the direction of CHCF, securing CHCF approval for these plans and decisions. The anticipated timing for these tasks is September through November 2017.

4. Recruit new partners and expand the number of partners from 14 to approximately 18 (up to 20). Develop a protocol for rotating or adding partners in alignment with CIN's identified strategic priorities. Based on guidance from CHCF, the program office grantee, alongside the managing partner group, will select Phase 6 partner organizations via an agreed-upon process. The number of partners will remain capped at 18 initially, with a maximum of 20, with two representatives per organization, so as to maintain a small enough group to foster trust and build relationships. At least 10 of the current Phase 5 partners will be invited to continue in order to maintain continuity. The program office will be tasked with recruiting 5 or more new or prior-phase partners to bring in new perspectives.
5. Design and execute a robust technical assistance plan: In collaboration with CHCF, the program office will confirm a workplan and timeline for technical assistance programming that will include (at a minimum) the following core supports: workshops/trainings, webinars, and resource materials. The program office will be expected to propose an initial set of topics to be addressed in technical assistance programming — topics that reflect both CHCF's key goal areas (e.g., ensuring high-value care, improving access to care) and partners' needs. In addition, in conjunction with the strategic planning process described above, the program office will develop a process for soliciting and prioritizing members' self-identified needs throughout Phase 6 (e.g., establish a stakeholder advisory panel, conduct regular needs assessment surveys, or other options).

Note: Items 4 and 5 will be managed by the program office in collaboration with CHCF and the managing partner group.

6. Provide and support forums for networking and sharing QI project implementation learnings such as action groups, affinity groups, and other opportunities for connecting at and between meetings, subject to program office and budget capacity.
7. Update and manage new CIN microsite on CHCF's website: At the end of 2017, CHCF plans to launch a new cobranded CIN microsite in WordPress as part of the launch of CHCF's new organizational website. Starting in 2018, with input from CHCF's External Engagement team, the program office will become responsible for managing the CIN microsite in WordPress (posting new content such as webinar recordings to the site as it is created).
8. Create and enhance CIN content such as bite-size, easily digestible materials, resources, and tools and state-of-the-art updates on current QI innovations. Disseminate materials via CIN communications channels. As noted earlier, the program office will oversee

outside vendors to produce this content as needed. The program office will provide CHCF external engagement and program staff with the opportunity to review and provide feedback on new content according to an agreed-upon process and schedule.

Disseminate the CIN newsletter: The program office will write newsletter content and distribute the newsletter to all CIN members at a minimum of every six weeks; CHCF will provide a branded HTML newsletter template. The program office will be responsible for collecting and managing newsletter signups. The program office will also provide CHCF external engagement and program staff with the opportunity to review and provide feedback on newsletters according to an agreed-upon process and schedule.

9. Develop an engagement strategy for members: To date, CIN has encouraged its membership to grow organically. In Phase 6, the program office will be asked to develop a more specific engagement plan for members (vs. partners) and to identify both goals and processes for outreaching to key stakeholders on identified topics. Additionally, the program office will be expected to more closely facilitate action and affinity groups in order to accelerate their progress through structured support (e.g., summary notes).
10. Support grantmaking: During Phase 5, a significant proportion of the total CIN budget was awarded to CIN partners and/or members for cosponsored activities. These included workshops hosted by partners and open to all members (e.g., ABCs of QI conducted by Partnership Health Plan) as well as focused consulting engagements for which CIN subsidized the cost of projects intended to advance the capacity of member organizations to design, implement, and/or evaluate QI programming. The program office will develop and execute a plan to continue this important support modality, including opportunity criteria, a budget, and a simplified application and vetting process. The program office will also take on fiduciary responsibility for issuing and tracking all grants and contracts. CHCF believes that grant funding might represent about 20%-30% of the total budget in Phase 6.

Note: Items 6 through 10 will be managed directly by the program office.

11. Support the implementation of an external evaluation of CIN. As part of Phase 6, CHCF will hire an external evaluator to conduct a robust external evaluation. This evaluation will provide insights into CIN value, program enhancements, and other sources of QI support for partners. A separate RFP has been developed for the evaluation team, and a separate budget of \$125,000 has been allocated outside of the \$750,000 for this request. The program office is expected to support this evaluation process and should budget time for interfacing with both CHCF and the external evaluator, assisting in collecting participation and utilization data as well as other activities.

VI. Proposal Packet

Include the following materials in the proposal packet:

1. Proposal cover sheet (available at <http://www.chcf.org/grants/submitting-a-proposal>). This does not count toward the 10-page limit.
2. Proposal narrative. The proposal narrative should be no more than 10 pages of text, double-spaced, in a 12-point font. Applicants are expected to honor the space allowance. The proposal narrative should describe:
 - a. How you will engage CIN partners and CHCF project staff to collaboratively develop and lead a managing partner group; develop, maintain, and refine a strategic plan; and provide program and technical assistance.
 - b. How you will engage CIN partners and members and drive network connectivity, collaboration, and results.
 - c. How you will allocate the \$750,000 budget between program office functions, providing technical assistance to the network, and grantmaking. As a guideline, CHCF believes the program office might be 35%-50% of the budget, technical assistance might be 35%-45% of the budget (which would include things such as travel costs, workshop and meeting costs, speakers or consultants, etc.) and grantmaking 20%-30% of the budget.
 - i. The program office is the team that will manage the CIN initiative, technical assistance programming, event management, and communications, and oversee the grantmaking process and regular check-ins including quarterly in-person meetings with CHCF.
 - d. Your skills and experience in managing similar tasks as outlined above.
 - e. The challenges you see in managing this program office and CIN and how to address them.
 - f. The qualifications, capacities, and roles of your key team members. Describe individual team members' relevant experience working on similar programs, especially network, management, deploying technical assistance across a wide spectrum of organizations, strategic planning in a network, QI and innovation, communications, and event planning and management. Why are you the best team to become the program office? How will team members work together to create a strong program office? Who will conduct each of the program office activities?
3. Appendices. Appendices do not count toward the 10-page limit.
 - a. Brief bio-sketch or CV. Include a brief bio-sketch or CV for key team members.
 - b. Budget form and budget narrative description. Please submit a budget and budget narrative using the line-item Proposal Budget Form, which can be found at <http://www.chcf.org/grants/submitting-a-proposal>.

The total budget for CIN Phase 6 is \$750,000. All outlays for CIN must be included within this budget, including program office functions (and indirect costs), grantmaking and technical assistance (which could include, for example, workshops, meetings, partner travel to meetings, communications, speakers, grants, and other elements to support the network). Respondents are requested to outline the proportion of the budget for these three elements.

VII. Proposal Submission

Proposals must be delivered by email, preferably in one file in Adobe PDF format, to Lauren Vandam, program associate (lvandam@chcf.org), no later than 12:00 PM Pacific Time on Friday July 14, 2017. Proposals will be acknowledged by a return email within 24 hours. Hard copies will not be accepted.

Selection Criteria

The ideal program office team will have previous experience with QI and managing networks across the safety net and commercial delivery system and across plans and providers. The review committee will use the following criteria to assess proposals:

- Individual, team, and organization project experience with and knowledge of (1) QI and innovation across safety net and commercial plans and providers, (2) communications, (3) event management, and (4) grantmaking
- Approaches, ideas, and creativity in enhancing network activities, collaboration, connectivity, and results
- Previous experience working with relevant stakeholders and partners
- Experience working with and managing diffuse networks
- Appropriateness of proposed budget and tasks

All funding decisions are made by CHCF, often in consultation with external experts. CHCF does not provide individual critiques of proposals submitted.

VIII. For More Information

For questions about the project, contact Kathryn Phillips, senior program officer at the California Health Care Foundation, at kphillips@chcf.org.

On June 28, 2017, at 10 AM PDT, we will host a one-hour webinar to answer any questions you have about this RFP or CIN. If your questions are not fully answered during this webinar, you may submit questions by email and we will schedule a 30-minute telephone or video meeting to answer these questions on July 5, 6 or 10, 2017.

If you have any questions about the proposal submission process, please contact Lauren Vandam, Program Associate, at lvandam@chcf.org.