California
Improvement
Network • Better Ideas
for Care Delivery

Request for Proposals: Social Needs Screening and Referral Workflows

Released: September 28, 2018

Background

The California Improvement Network (CIN) aims to advance the Quadruple Aim by identifying and spreading better ideas for care delivery, and by strengthening relationships between commercial and safety net provider and health plan communities in California. CIN is a CHCF project managed by Healthforce Center at UCSF, an organization dedicated to helping health care organizations drive and navigate change.

CIN is focusing on five core topic areas in 2018 and 2019:

- Making improvements in behavioral health care, with an emphasis on cost management

- Addressing social needs that affect health, with an emphasis on cost management

- Understanding the fundamentals of managing financial risk and the cost of care

- Preventing burnout and promoting provider and staff resilience

- Leading change

Within the topic area of *addressing social needs that affect health, with an emphasis on cost management,* CIN partners have identified two specific areas where they most want programming and support to help advance their work. These two learning areas are:

1. Analyzing return on investment (ROI) in efforts to address social needs that impact health

2. Understanding leading practices and workflows for screening and referrals

This is a request for proposals (RFP) for the second area – the need to learn about leading practices and gain access to documented workflows for screening and referrals related to efforts to address social needs that impact health.

Request for proposals

Purpose

While there are existing resources for finding and assessing screening tools and referral platforms to assist with social needs efforts, it is much more challenging to find the concrete operational details of how organizations are implementing these tools. The purpose of this project is to learn from organizations that have made significant progress in screening and referring for social needs by (1) documenting the operational details of implementation and workforce changes required to do the work of screening, referrals and cross-organization coordination, and (2) distributing these operational workflows and documented leading practices in digestible and accessible formats for use by other health care organizations.

Project scope

This project will explore, record, and share examples of implementation efforts related to screening and referral for social needs. The grantee will:

- Identify and select <u>four</u> leading health organizations, which are of similar types to CIN partner organizations (e.g., a federally qualified health center, an independent practice association, a large, integrated health system, a health plan), that have successfully implemented screening

and/or referral tools for their social needs efforts and are willing to share the operational details of their work.

- Gather documentation of workflows, such as process maps, relevant staffing models for the screening and referral work, job descriptions, etc., and other tools, from the selected organizations; interview organizations as needed to fully understand and describe their model and workflows.

- Synthesize findings into process maps or similar detailed implementation aids, with accompanying (short) case studies that contain the pertinent details of the organization. The goal of these process maps and short case studies is for other health organizations to be able to learn about and implement similar processes in their own organizations.

Deliverables

1. Process maps (or similar detailed implementation aids, such as job descriptions) and accompanying (short) case studies from an organization of every type in CIN.

   a. Health plan (1)

   b. Safety net and commercial provider organizations (3), for example:

      i. Health system

      ii. Federally qualified health center

      iii. Independent practice association

   The term "case study" is used loosely; the ideal deliverable will include a brief overview of the services provided, the tool(s) used, a sense of the patient's journey through the specific process for assessing and referring, and at least one clear visual, ideally more, of the operational processes that support the work.

   If unable to find an example from each type of CIN organization, then a minimum of three types of organizations must be represented in the four submitted process maps/case studies. Where possible, the four selected organizations should also represent the diversity of CIN organizations in terms of geography, size, and patient population.

2. A webinar to share the findings of the project with CIN audiences to help support the use of the process maps and implementation efforts of CIN organizations. Ideally the profiled organizations will participate in the webinar. And/or, consider add-on webinars done in an "office hours" format for CIN partners and members to ask questions of the profiled organizations. (The grantee is expected to create and deliver a presentation and recruit and support guest presenters. The CIN program office will host, invite, and manage the actual webinar).

Audience

The resulting deliverables are intended for use by the following users:

- **Primary:** The 17 CIN partner organizations, which are comprised of commercial and safety net provider organizations, payers, consortias, and quality improvement support organizations.

- **Secondary**: The 4,500 CIN members who are health professionals interested in quality improvement – many are part of organizations similar in type to CIN partners – and other interested health care organizations in California.

Resources

$15,000, to be distributed as a grant to the selected organization. Reporting requirements are minimal and contained to the formal deliverables of the project.

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The CIN program office will provide support via regularly scheduled calls to help shape and inform the work, help to identify organizations to profile, provide access to partners and managing partners for feedback on the project and deliverables, and provide webinar capabilities.

Timeline

- Proposal due 10/26/18 by noon PT
- Grantee selected by 11/5/18
- Project period: 11/5/18 – 2/28/19
- Process maps, case studies published by 2/14/19; webinar held by 2/28/19

Eligibility

Organizations or individuals with demonstrated experience executing similar projects and knowledge of quality improvement, social needs that impact health, and health care operations. The ideal candidate is familiar with the California health care landscape and CIN, and has awareness of, or a clear process for identifying, leading organizations to profile for the project.

How to apply

Applications are due via email to Amy.Quan@ucsf.edu by noon PT on Friday, October 26, 2018.

To submit an application, please answer the following questions using <u>no more than three pages</u> for your entire application.

1. Organization name
2. Primary project contact (name and contact information)
3. Why is your organization well suited to for this project? Please include relevant examples of similar projects or experiences that speak to your capabilities.
4. How will you identify and vet the organizations to profile?
5. List the names and titles of the people who will contribute to this project; briefly describe their role on the project.
6. As this project will be a fixed fee of $15,000, please affirm (one sentence) that the $15,000 is sufficient to cover the scope proposed in this RFP.
7. Please include any other information here that you would like us to know in considering your application for this work.

Questions

For questions or more information about this opportunity, please contact CIN program office lead Rebecca Hargreaves at (415) 502-3296 or Rebecca.Hargreaves@ucsf.edu.

For questions about the application or grant administration, please contact CIN program associate Amy Quan at (415) 514-2853 or Amy.Quan@ucsf.edu.