



California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Request for Information

Value in Partnership Program

Responses Due: January 4, 2019

I. About the California Health Care Foundation

The California Health Care Foundation (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. CHCF works to ensure that people have access to the care they need, when they need it, at a price they can afford.

For more information, visit chcf.org/about.

II. Overview

CHCF is considering funding a program, Value in Partnership (VIP), to foster and support health center partnerships that contribute to scale and enhance clinics' ability to manage population health and offer high-quality, comprehensive primary care. This funding opportunity would build on the key findings and lessons from CHCF's report [*Partnering to Succeed: How Small Health Centers Can Improve Care and Thrive Under Value-Based Payment*](#).

The authors of *Partnering to Succeed* concluded that small health centers, which make up an important part of the health care delivery system throughout California, often lag behind larger organizations in their achievement of certain key infrastructure components, such as Patient-Centered Medical Home Recognition. They are also less well equipped to succeed under value-based payment models.

Earlier this year, CHCF worked with a consulting partner to explore ideas for funding opportunities and examine needs among small health centers and their surrounding communities. This work included key informant interviews, examination of the geographic concentration of small health centers, and a brief scan of previous work in the partnership arena. The findings from this exploratory phase have led to this request for information (RFI).

The responses to this RFI will be used to inform final VIP program design. Furthermore, a group of RFI respondents may be invited to submit a full application for funding through VIP. Award amounts would vary. Participation in the program would likely involve a process of codesigning a consulting package with CHCF.

In summary, the purpose of this RFI is to:

- Identify promising partnerships in the safety net in California and identify potential grant applicants for the VIP program.
- Understand what, specifically, RFI respondents need for their proposed partnership to be best positioned to succeed.
- Ensure that CHCF is well-positioned to be able to support some of these partnerships in a way that aligns with both applicant-identified needs and priorities and CHCF's goals.
- Inform the final VIP program design.

III. Criteria

1. RFI respondents should be interested in advancing one of the following six models articulated in [Partnering to Succeed](#) (please see report for partnership examples):

- Partnerships with Hospitals
- Consortia
- Management Services Organizations and Clinically Integrated Networks
- Health Center-Led Independent Practice Associations
- Partnerships with Health Plans
- Mergers/Acquisitions

A seventh model described in the report, Partnerships with Community-Based Agencies and Organizations, would not be supported through this program.

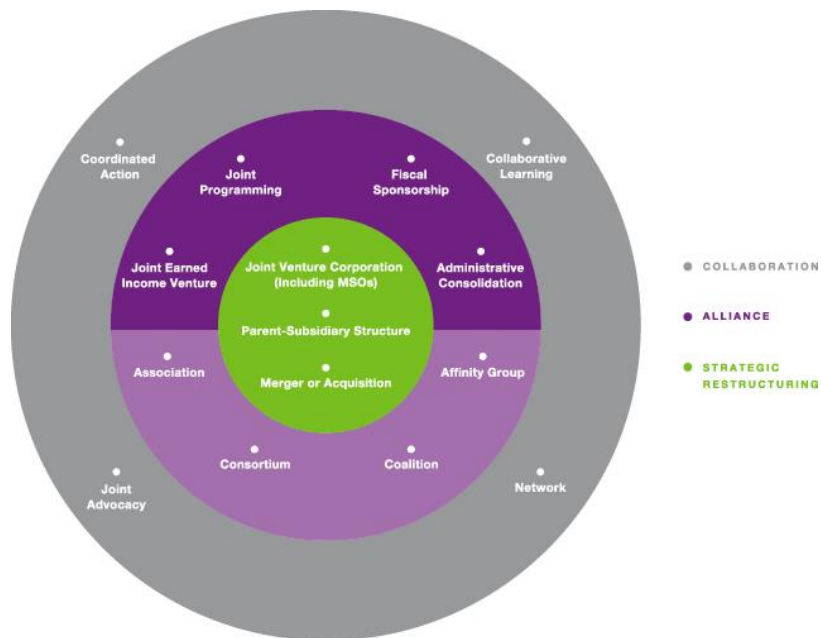
Respondents may propose models that are not on this list. However, you must be able to clearly articulate how the proposed partnership will increase the capabilities of the partners to offer high-quality, comprehensive primary care and ultimately increase their capacity to participate in value-based care.

- Partnerships should be focused on enhancing network and organizational capacity with particular attention to one more of the [four pillars](#) described in *Partnering to Succeed: People, Care Systems and Strategies, Data, and Business Models*.
- Respondents should be able to clearly articulate how partnerships include [small health center](#) partners (this includes health centers with a budget of up to \$10 million and/or those with fewer than 10,000 patients); or, how people served by small health centers will benefit from the partnership; or, how the partnership plans to scale to reach small health center partners in the future.

Because health center size is not static, health centers that are close (within approximately 5,000 patient lives per year or within approximately \$5 million of the budget size noted above) to meeting the size criteria may be considered small.

- This partnership support program is focused on the development of partnerships that create or enhance infrastructural capabilities that are *sustainable and scalable*. As such, there is a strong preference for partnerships that are or intend to be more highly integrated, including those categorized as Alliance or Strategic Restructuring in Figure 1.

Figure 1: [The Collaborative Map, La Piana Consulting](#)



- Proposed partners should, at minimum, have done preliminary work to identify a shared problem and understand what types of support may be needed to advance the partnership. One framework through which to examine partnership maturity is provided in Attachment A.

6. Respondents may propose launching a new partnership or expanding or strengthening an existing partnership.
7. Respondents may propose partnerships that are early in their maturity or that may face challenges on the pathway to partnership. In either case, respondents should be able to communicate a clear and compelling need for the partnership.

Eligible Applicants

This RFI is open to licensed community clinics operating in California, community clinic membership organizations, health plans, or other community health center support organizations (e.g. health center-controlled networks [HCCNs]).

Responses to the RFI should be submitted by one or two anchor organizations. These anchor applicants should be in a primary leadership role in the partnership. Anchor organizations should be able to demonstrate a history of working with and supporting California community clinics. At least one anchor should be headquartered in California. Anchor organizations may submit more than one RFI for distinct partnerships or partnership projects.

If you have questions regarding your eligibility please contact Carlina Hansen, senior program officer, at chansen@chcf.org.

IV. Proposal and Question Submission

Responses should be delivered by email *in two files* (PDF and Word) to Carlina Hansen at chansen@chcf.org no later than 5:00 PM (PT) on January 4th, 2019. CHCF may reach out to respondents to ask them to respond to clarifying questions.

For questions about the project, contact Carlina Hansen.

V. Anchor and Partner Organizations

Please identify the anchor organizations and partner organizations.

Provide the following information: Organization name, type of organization (e.g. community clinic, health plan, HCCN, consortia), mailing address, website, and primary point of contact name and contact information (email and phone). For clinics, please include the annual volume of patients served and the corporation's annual budget. Please indicate which organizations are anchors.

VI. Questions

Please respond to the following questions in no more than three pages:

1. Is this an existing partnership (one that is expanding or optimizing) or a new partnership (one that has not launched or is in the process of launching)?
2. Which of the [six qualifying partnership models](#) (see Section III) are you pursuing or considering pursuing? Please explain. If the proposed partnership does not align with one of the six models, please describe it, and in question 10 be sure to clarify how the proposed partnership project increases the capacity of participants to offer high-quality, comprehensive primary care *and* succeed under value-based payment. In question five, note how it impacts or intends to impact small health centers or their patients.
3. Using the framework provided in Attachment A, what stage of maturity would you put this partnership in and why? What has happened to date that would put it in that stage?
4. Which of the [four pillars](#) is the partnership *most* focused on: People, Care Systems and Strategies, Data, or Business Models? Please explain.
5. How does this partnership engage [small health center](#) partners (this includes health centers with a budget of up to \$10 million and/or those with fewer than 10,000 patients); or, how do people or served by small health centers benefit from the partnership; or, how does the partnership plan to scale to reach small health center partners in the future? Because health center size is not static, health centers that are close (within approximately 5,000 patient lives/year or within approximately \$5 million of the budget size noted above) to meeting the size criteria may be considered small.
6. Where on the La Piana Collaborative Map (Figure 1) does this partnership fall now, and where will it fall if fully realized? Please explain.
7. What are the goals and objectives of the partnership?
8. What kind of technical assistance or consulting support, specifically, would this partnership need to advance (e.g. actuarial, legal, business planning, change management, analytic, human resources)? Please explain.
9. What are the challenges or risks associated with this partnership and how do you plan to address them?
10. What type of financial support does your proposed partnership project have secured and pending, respectively? What other types of support does your partnership have that you feel are important to mention (e.g. in-kind support, the support of key community stakeholders)?

11. How many patient lives will this partnership have the potential to impact in the next three to five years, and how did you arrive at that number?
12. Please identify the region(s) impacted by this partnership. Please use these pre-identified regions: Central Coast, San Joaquin Valley, Sacramento, Los Angeles, Inland Empire, Greater Bay Area (Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma), Northern/Sierra, other Southern California, Statewide, not yet known.
13. Do a business plan and/or financial *pro formas* already exist for the proposed partnership?
14. Are there any privacy or confidentiality concerns with this partnership? Answer yes or no.
15. Have the boards of directors of the respective partners endorsed the partnership?

Attachment A Partnership Stages

Exploration: We have a shared problem — how can we can work together to find a solution?

Activities may include:

- Convening to develop ideas and identify potential next steps

Readiness or Feasibility: Are we ready? Are we going to move forward?

Activities may include:

- Feasibility analysis
- Readiness assessment
- Due diligence

Planning: We know we are going to move forward, so let's plan some of the specifics.

Activities may include:

- Business planning
- Implementation planning
- Negotiation and finalizing agreements
- Partnership design
- Fundraising planning

Implementation: We are launching a partnership!

Activity:

- Startup

Post-Implementation: Now that we are together, how can we optimize or strengthen our work?

- If you are *expanding* an existing partnership, e.g., starting a new business line for a consortia, please choose one of the categories above to classify it rather than classifying it as post-implementation.
- If you are undertaking activities to *strengthen* an existing partnership, please classify as post-implementation.