



EPISCOPAL HEALTH
FOUNDATION

**Evaluation of the
Clinics Pathway Approach Grantee Work
Scope of Work**

Request for Proposal

Deadline: Thursday, January 14, 2021

ABOUT THE EPISCOPAL HEALTH FOUNDATION

The [Episcopal Health Foundation \(EHF\)](#) believes all Texans deserve to live a healthy life - especially the poor and those with the least resources. Our public health orientation leads us to focus on upstream work that goes beyond providing healthcare services in a doctor's office and seeks to address the underlying social, economic, behavioral, and environmental causes of poor health. We are most interested in work that takes a systems approach to improve community health, which leads us to focus on creating and supporting intentional connections between and among institutions aimed at not just improving healthcare delivery but transforming the health of an entire community. With more than \$1.2 billion in estimated assets, EHF operates as a supporting organization of the Episcopal Diocese of Texas and works to help improve the health and well-being of the 11 million people living throughout a 57-county region of Texas.

PROJECT BACKGROUND

In the five years since its inception, EHF has invested considerable resources in community-based clinics because of their unique role in providing comprehensive care in urban and rural medically underserved areas, creating access to healthcare, and addressing the social determinants of health (SDOH). A significant portion of our previous grantmaking has helped clinics improve and expand care, integrate behavioral health models, and engage community partners to collaboratively address community health issues. These grants were designed to help clinics build infrastructure which supported comprehensive and integrated service delivery systems for patient care. Now, against the backdrop of a rapidly changing healthcare environment, we find that health centers are being challenged to provide patient care that results in improved outcomes upon which reimbursement will be based.

Value-based Care

Recent reforms in healthcare are moving payment mechanisms toward population-based models that focus on prevention and the long-term value of care delivered to patients rather than the volume of services provided. In the past, where payments and incentives have rewarded the quantity of services delivered, they will now reflect the quality of care received by patients, health outcomes achieved, and will reward providers for both efficiency and effectiveness in the care delivered. This form of reimbursement has emerged as a potential replacement for the current fee-for-service model and demands that clinics transform their practices in order to thrive and remain financially viable under this system of payment.

Supporting Strong Clinics

EHF is committed to helping Federally Qualified Health Centers (FQHCs) implement features of high-quality, high-performing comprehensive primary care which is foundational to thriving in a value-based payment system. We also will support

clinics to implement and maintain equally robust business models that sustain operations beyond the current fee-for-service payment system and allow for reinvestment of financial returns in infrastructure, innovation, new models of delivery, and partnership development. We believe that clinics with strong primary care and business infrastructures will be able to participate in alternative payment models that support population health management strategies and pay for community prevention efforts.

EHF's BIG BET

Our 'bet' is that if clinics provide comprehensive services, address patients' social determinants of health, use population health approaches, and engage in community prevention, then resources currently used for medical services could be redeployed to upstream work and better health outcomes at the patient and community levels.

THE CLINICS PATHWAY APPROACH

In April 2021, EHF will officially launch the Clinics Pathway Approach (the "CPA") through which several clinics will be funded to engage in enhanced multi-level work. The CPA will build clinics' fundamental capacities for population health work and value-based payment system design and will expand to include additional stakeholder partners and health system engagement based on three levels of development as part of a pathway to clinical transformation.

Originally scheduled to begin in May 2020, EHF delayed the launch due to the COVID-19 pandemic. At the time the formal initiative was postponed, the 11 clinics that had been invited to submit applications expressed continued interest in the CPA work and concept. In response, EHF funded these clinics to participate in a 6-month (October 2020 – March 2021) Learning Cohort process to prepare grantees for full funding/grant implementation. The Learning Cohorts are structured over two, 3-month intervals that will each include cohort wide trainings and individual clinic coaching sessions focused on building capacities around change management and practice transformation.

The CPA is designed as a significant funding opportunity over a multi-year period. Clinics have applied for first year funding in 2021, to be approved by EHF's Board in March 2021. Clinics will apply for subsequent years' funding on an annual basis thereafter. During this time, participating clinics are expected to progressively build their capacities to become fiscally and programmatically sustainable agents for community prevention. The clinics will progress through three levels of work, each with specific objectives in order to build their capacities. The three levels are:

THREE LEVELS OF CLINICS APPROACH



EPISCOPAL HEALTH FOUNDATION

26

As part of the CPA, EHF will facilitate technical assistance, convenings, and other learning activities to support grantees' progress. Clinics will also be part of a formal evaluation.

EVALUATION PROJECT OVERVIEW

EHF is seeking an evaluation consultant to facilitate a mixed methods evaluation approach in order to address three major evaluation questions of the CPA:

1. What are current clinic capacity gaps/needs in their efforts to address patients' social needs and community prevention in a financially sustainable manner?
2. What changes or improvements have occurred for the clinics around the gaps/areas identified by the assessment tool (e.g., data, financial management, etc.) that the clinics received funding to address?
3. Which strategy(ies) work for whom and why?

The CPA logic model is the framework with which the work of the CPA grantees will be evaluated. The evaluation process consists of the following:

- A qualitative assessment conducted by an external evaluator, assessed at baseline.
- Grantee self-reported indicators and measures per the logic model and selected by the grantee and program officer. Progress on the self-reported indicators will be reported in grantee interim and final reports.
- Annual completion of the National Association of Community Health Centers (NACHC) Payment Reform Readiness Assessment Survey by clinic grantees (Appendix A). Baseline assessments were completed as part of the initial application for participation in the CPA initiative.
- Assess change in participant's knowledge, attitudes and behavior related to ongoing CPA learning collaborative activities.

EHF will apply a mixed methods approach to use the grantees' self-reported **Readiness Assessment Tool** to identify baseline clinic capacity conditions and to track changes and improvements over time. Clinics will also be expected to report on defined evaluation measures specific to their level of participation (Appendix B) and in alignment with the CPA **logic models**. The High Level CPA Summary Level logic model is below and the logic models specific to the three levels can be found in Appendix C.

All evaluation efforts should be equitable and culturally relevant. The recent COVID-19 crisis and the inordinate impact of the disease on racial and ethnic minorities has clearly shown the longstanding systemic health and social inequities that exist in our health system. As the clinics move forward with the CPA, and make the organizational changes needed to create resilient, sustainable care delivery and business models, it will be essential to assess that their work and processes consider the significance of race/ethnicity and the primary drivers of disparities in order to promote health equity.¹ In this reference, "health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."²

High Level Clinics Approach Logic Model				
EHF Inputs	Strategies	Outputs During Grant Period	Short-Term Outcomes 1-3 Years	Long Term Outcomes 4 years & beyond
Resources: <ul style="list-style-type: none">* Technical Assistance* Training/Learning Collaboratives* Research and Evaluation	Address gaps in capacity that impact the planning and implementation of population health strategies and value-based approaches.	Clinics have clinical and operational workflows in place that support population health efforts.	Clinics and their partners are using shared data to inform population health efforts (including risk, cost, and utilization data).	Clinics and their community partners can demonstrate improvement in patients' social needs.
Funding Mechanisms: <ul style="list-style-type: none">* Multi-year project funding* One-time TA support* One-time collaboration and planning efforts	Address clinic strategic, financial and operational infrastructure and capacity to progress all three Levels of development.	Clinics have demonstrated organizational effectiveness and commitment to the priority payment reform domains.	Clinics create financially sustainable models that move them from Level 1 to Levels 2 & 3.	Clinics and their community partners can successfully demonstrate improved community health outcomes
Collaborations: <ul style="list-style-type: none">* Clinic collaborations/partnerships to create scale and efficiencies* Funders and philanthropy* Managed care/payers* Community based/service organizations* Gov't (local and statewide)* Health systems/hospitals	Clinics build and expand data collection and analytics to support SDOH, population health and value-based models.	Clinics capacity to capture new data sets (i.e. SDOH, cost, etc.).	Clinics expand their infrastructure and clinical capacity over time to address SDOH, population health and upstream models.	Community health prevention activities are sustainably funded
	Clinics invest in performance measurement and outcomes tracking across clinical, operational, and financial domains	Clinics implement innovative pilots for upstream models of intervention and population health.	Clinic leadership has developed an organizational culture that is committed to community prevention.	Culture of prevention and partnership is fully integrated in all strategies.
	Clinics build partnerships with stakeholders who support population health strategies.	Clinics invest time and resources into organizational change.	Clinics have formal agreements with payers and others to engage in value-based models	Clinics demonstrate success under value-based payment arrangements, including taking on risk-bearing contracts.
		Clinics and their community partners have closed loop referral and care management programs that integrate across systems.		

¹ Williams, D.T. and Purdie-Vaughns, V. (2016). Needed interventions to reduce racial/ethnic disparities in health. *Journal of Health Politics, Policy and Lawm* 41(4).

² Braveman, P. A new definition of health equity to guide future efforts and measure progress. *Health Affairs*, June 22, 2017, accessed on September 21, 2020 at <https://www.healthaffairs.org/do/10.1377/hblog20170622.060710/full/>

EVALUATION ACTIVITIES AND CONSULTANT RESPONSIBILITIES

The qualitative assessment will be conducted by the consultant and developed in partnership with EHF. As grantees will only be working on CPA Levels 1 and 2 during this first year of the CPA grant, the focus will be on evaluating at those levels. The key evaluation activities and deliverables to be produced by the consultant include:

- Participate in an in-person/virtual kick-off meeting with EHF and in regularly scheduled project update calls
- Review and become familiar with the CPA summary level logic model and the logic models for all 3 levels
- Review clinic grantee workplans and progress reports (estimated 10-12 grantees)
- Review clinic readiness assessment survey data (completed in December 2019 and updated in late February 2021)
- Develop draft qualitative assessment tool(s) for CPA Levels 1 and 2
- Engage grantees in the evaluation design, data collection and/or sense making processes. Out of respect for grantee time, only one grantee per clinic should be engaged.
- Outline plan for evaluation implementation, including baseline and follow-up assessments, intentionally working to identify and recommend strategic opportunities to embed equity
- Conduct site visits (virtual or in person) to administer in-person qualitative evaluation assessment(s)- these may be virtual pending COVID-19
- Participate in occasional coordination with consultants providing technical assistance (Starling Advisors and others) to clinics around evaluation and learning collaborative work.
- Administer the second clinic readiness assessment survey in January/February 2022
- Submit progress reports to EHF with findings related to clinic readiness assessment survey, clinic capacities, clinic changes, and overall process strategies, including recommendations for year two CPA clinic work
- Produce Annual Report for EHF and share key learnings with clinic participants

APPLICATION PROCESS

Interested applicants, including individual organizations as well as partnerships of organizations, should submit the following to jmineo@episcopalhealth.org by close of business, **Thursday, January 14, 2021**:

- 1) A cover letter describing your areas of expertise and prior experience relevant to the work described in this request for proposal.
- 2) A written narrative that includes a timeline (9 months), budget (up to \$150,000), and a work scope describing how you plan to execute the deliverables outlined in the "Evaluation Activities and Consultant Responsibilities" section above. The narrative should not exceed 5 pages.

- 3) A resume or CV for each person involved in the development and execution of your proposal
- 4) Excerpts of work for similar evaluation projects completed within the last five years, e.g. power point slides, written reports, etc. Specifically of interest is applicant's level of familiarity and experience with FQHCs and knowledge about population health management. Excerpts should include a project description, dates of work, and a client reference that includes name, title, email and phone contact.

The Episcopal Health Foundation is an equal opportunity employer and strongly encourages applications from people of color, persons with disabilities, women, and LGBTQ+ and other underrepresented applicants.

TIMELINE AND BUDGET

Application deadline: Thursday, January 14, 2021

Notify selected consultant: March 19, 2021

Project dates: April 1, 2021- May 31, 2022

Budget: Up to \$150,000 with option to renew annually

APPENDICES

Appendix A- National Association of Community Health Centers (NACHC) Payment Reform Readiness Assessment Tool

Appendix B- Competencies, Measures and Indicators, Data Set chart

Appendix C- EHF Clinic Level Logic Models

Please direct all questions to Jennifer Mineo at jmineo@episcopalhealth.org

CLINICS PATHWAY APPROACH APPENDICES

APPENDIX A

NACHC PAYMENT REFORM READINESS ASSESSMENT TOOL

Clinics Pathway Approach - NACHC Payment Reform Readiness. Assessment Tool

Thank you for your interest in participating in the Episcopal Health Foundation's (EHF) **Clinics Pathway Approach**! All prospective applicants need to complete the following Payment Reform Readiness Assessment Tool developed by the National Association of Community Health Centers (NACHC). We recommend that clinics involve a multi-disciplinary team in completing this assessment in order to generate a more representative, meaningful response overall. Applicants should use results from the Readiness Assessment to guide their proposal responses and identify how EHF funding will support building capacity within specific domain(s) highlighted as gaps in their assessment results. The deadline to complete this assessment is **November 22, 2019**.

Enter the name of your organization

Enter the name of your organization's primary contact

Enter the email information for your organization's primary contact

Question 1 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center relies on key leaders and staff to support transformation efforts based on their individual expertise and knowledge. Change and/or clinical practice transformation happen organically, led by department heads."
- A self-assessment of 4-6 indicates "Leadership and key staff share a collective understanding of the vision and strategic plan for transforming services and payment. Health center has a written succession plan that will sustain and develop the organizational vision for transformation. The succession plan addresses not only leadership but also key staff managing transformation efforts."
- A self-assessment of 7-9 indicates "Leadership remains focused on its vision and is not distracted by opportunities that do not align with that vision. Staff involved in transformation efforts can describe and explain organizational succession plans. The organization has documented processes and systems to manage and transfer knowledge related to transformation efforts. Staff responsible for implementing transformation efforts can ask for and receive the resources they need. Accountability mechanisms are in place and are systematically applied to BOD and staff strategic and operational planning"

Leadership and staff have a system to ensure that knowledge and expertise needed is sustained for current and future transformation efforts	1	2	3	4	5	6	7	8	9
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Question 2 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "The BOD regularly receives information/training regarding local and state transformation programs, including how service delivery and payment reforms relate to current models (including health center prospective payment system [PPS] payment.)"
- A self-assessment of 4-6 indicates "Payment reform and service delivery transformation are substantive components of BOD strategic planning processes and discussions. The BOD can describe the relationship between payment reform and practice transformation efforts."
- A self-assessment of 7-9 indicates "The BOD has prioritized preferred service delivery and payment models. The BOD can describe the organizational implications for engaging in them, including assessing desirability of risk-based arrangements."

The Board of Directors (BOD) is knowledgeable about payment reform efforts and their implications for the health center's mission and services.	1	2	3	4	5	6	7	8	9
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Question 3 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Board of Directors (BOD) has analyzed requirements for representation in governance structure of initiatives."
- A self-assessment of 4-6 indicates "Bylaws, membership requirements and conflict of interest policies of health center have been reviewed and modified as needed to allow for incorporation of new BOD members if required by the initiative. Health center is active member in PCA or other entities (e.g. Independent Practice Associations) facilitating health center involvement in initiatives."
- A self-assessment of 7-9 indicates "Health center is represented (directly or through PCA) in governance and advisory body of service transformation and payment reform initiatives, including care integration, ACOs, and Medicaid initiatives. Where the health center is the primary entity behind a multi-entity service delivery effort, the health center BOD serves as the governing body for the effort, incorporating representation from other organizations as appropriate and allowed for in the health center's by-laws."

The health center's governance requirements and structure facilitate any related governance role requirements of value-based initiatives.	1	2	3	4	5	6	7	8	9
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Question 4 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has strong referral relationships with behavioral health providers"
- A self-assessment of 4-6 indicates "Behavioral health services are offered on site with warm hand-off. Behavioral health team members such as licensed clinical social workers are integrated into care team at some sites. Health center is reimbursed appropriately to cover costs associated with integrated services."
- A self-assessment of 7-9 indicates "Behavioral health and substance use disorder services are provided through a team-based, multi-disciplinary, and comprehensive approach to patient-centered care. Integrated care teams include licensed behavioral health specialists (e.g. psychiatrists, psychologists, and psychiatric nurses). Integrated care teams share accountability for positive health outcomes, particularly in areas in which close coordination between medical and behavioral health care is required (e.g. schizophrenia). Health center is engaged in efforts to improve reimbursement models supporting integrated behavioral health care and substance use disorder services."

Behavioral health services are integrated with primary care services.	1	2	3	4	5	6	7	8	9
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Question 5 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center regularly identifies and assesses needs of the population in its service area (including overall demographics, insured status, and health needs). Health center has analyzed degree to which current services meet identified service area needs. Leadership staff have discussed transformation opportunities, implications for the health center, and the relationship between transformation and mission."
- A self-assessment of 4-6 indicates "The organization has a comprehensive strategic plan, including a shared vision with specific aims and written principles/priorities for engagement in transformation efforts. Health center has established criteria for involvement in payment reform that include ability to impact health center mission and focus, including willingness and ability to generate new/additional resources (such as services and revenue. These criteria/principles/priorities are regularly shared and understood throughout all levels of the organization."
- A self-assessment of 7-9 indicates "Health center vision reflects its role within the context of the delivery and payment system as a whole— recognizing interdependency and collaboration throughout the system."

Leadership and staff share an organizational vision and plan to transform in alignment with mission and financial sustainability.	1	2	3	4	5	6	7	8	9
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Question 6 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has informal relationships with other providers and payers. Health center participates in population-level community health assessments. Health center participates in community level health related coalitions, and committees."
- A self-assessment of 4-6 indicates "Health center has formal partnerships to address specific needs of target population. Health center has established and articulated a negotiation /partnership strategy to guide its efforts. Health center is able to articulate its "value proposition" to potential and existing partners (e.g. the particular strengths and opportunities it brings to partnerships).
- A self-assessment of 7-9 indicates "Health center leads partnership development efforts involving multiple partners to develop integrated service delivery and payment approaches. Health center is involved in multi-sectoral partnerships beyond health providers that focus on addressing community-level systems of care and payment. Health center proactively develops multi-sector partnerships to address health conditions such as asthma, obesity, teen pregnancy, etc., that are strongly impacted by social and environmental factors."

The health center identifies and pursues strategic partnerships to achieve its transformation vision and foster financial sustainability.	1	2	3	4	5	6	7	8	9
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Question 7 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center is a member of community coalitions and other organizations addressing community-wide efforts addressing public health and health care. Staff participating in coalitions are primarily those leading health prevention and promotion efforts or communications staff."
- A self-assessment of 4-6 indicates "Health center staff including senior-level clinical and administration help plan and implement efforts in population health assessments and coalitions."
- A self-assessment of 7-9 indicates "Health center is part of a provider network that has analyzed utilization patterns and service delivery needs of the service area population. Health center has identified opportunities to address service delivery needs. Health center has formal partnerships in place, with rigorous Memoranda of Understanding/role definition to create new products/services in anticipation of target population needs or to take advantage of new payment reform opportunities."

The health center is engaged with key partners (e.g. with local hospitals, specialists, payers) to meet care and payment transformation goals.	1	2	3	4	5	6	7	8	9
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Question 8 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has established positive working relationships with key partners such as hospitals, specialists, social service organizations, employers, law enforcement, and payers in the service area. Health center has a detailed understanding of the motivations and challenges driving partnerships in transformation initiatives."
- A self-assessment of 4-6 indicates "Partnerships are yielding additional resources to support health center transformation efforts. Health center partnerships have improved quality and outcomes of care through focused collaborations with specific utilization and/or health outcome goals, such as hospital diversion programs, improving care transitions, or enhancing workflows for primary care. Health center, hospital and/or specialty groups have together analyzed utilization patterns and service delivery needs of the service area population and opportunities to address them. Payers support health centers in identifying and addressing preventable high costs within the patient population."
- A self-assessment of 7-9 indicates "Health center has analyzed and shared the cost-effectiveness and outcomes of partnership efforts. Through timely, actionable, and accurate reports or other mechanisms, payers support health centers in identifying and addressing preventable high costs within the patient population. Health center is a trusted resource working closely with payers and other partners to help shape new payment models supporting the health center's transformation vision."

Health center partnerships yield tangible benefits for the organization's transformation efforts, their patients, and the population served.	1	2	3	4	5	6	7	8	9
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Question 9 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center focuses primarily on obtaining specialty, behavioral health, substance use disorders, and hospital care for patients needing follow-up care. Health center has referral relationships with community organizations addressing social determinants of health. Referrals are made and tracked, but there is not a system for determining whether referral is successfully completed."
- A self-assessment of 4-6 indicates "Health center has established processes for establishing patient-driven care plans and ongoing follow-up and patient support for the plan, using motivational interviewing or other techniques. Health center has referral tracking and follow-up systems and a workforce with the ability to support those systems. Health center uses health coaches/ community health workers to support care coordination among other providers such as specialists and hospitals as well as other sources of support such as organizations addressing social determinants of health"
- A self-assessment of 7-9 indicates "Health center care teams have the flexibility to coordinate with community services, particularly those addressing social determinants of health. Health center staff has the ability and systems needed to provide patients with a seamless care experience, coordinating health and social services addressing patients' preventive, primary care, oral health, pharmacy, vision, behavioral health and substance use disorder needs. Health center contracts with ACO/managed care organization to provide care management/ coordination for high utilizer patients in the service area, beyond its own patients."

The health center coordinates and manages care throughout the delivery system.	1	2	3	4	5	6	7	8	9
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Question 10 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center staff regularly receives training on cultural humility. Health center asks patients about their preferred language, pronouns, and modalities for communication."
- A self-assessment of 4-6 indicates "Staff uses evidence-based techniques such as motivational interviewing to understand patient needs. Health center communicates with patients in a culturally appropriate manner and in the client's preferred language, pronouns, and modalities."
- A self-assessment of 7-9 indicates "Health centers use every "touch point" with patients and the community to strengthen their relationships with current and future patients and their families. Through shared decision-making, patients are co-creators of their care plans and are provided with self-management support. Health center staff is recruited directly from the community served. Cultural humility is an established and recognized core value of the health center."
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The health center provides patient-centered care.	1	2	3	4	5	6	7	8	9
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Question 11 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center relies on key leaders and staff to decide on and support transformation efforts based on their individual expertise and knowledge. Change and/or clinical practice transformation happen organically, led by department heads."
- A self-assessment of 4-6 indicates "Health center includes staff from multiple levels and disciplines when shaping a change initiative. The organization dedicates resources needed to build staff capacity for change management through training, coaching, and mentorship. Appropriate organizational resources (staff, technology, etc.) are dedicated to supporting the change process. Leaders have developed strategies to address past negative experience with change."
- A self-assessment of 7-9 indicates "Staff can articulate the overarching vision for transformation and how a particular change initiative fits within the vision. Reflection and continuous learning are institutionalized within the organization and beyond. Change management processes are embedded in the organizational culture including job descriptions, performance review and organizational benchmarks/score cards."

The organization appropriately and adaptively communicates and manages change to sustain current and future transformation efforts.	1	2	3	4	5	6	7	8	9
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Question 12 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center offers some extended hours, including evenings and weekends."
- A self-assessment of 4-6 indicates "Health center scheduling practices and operating hours are patient- and family centered, including open/same day/next-day scheduling as well as extended hours, as needed. Health center tracks and monitors indicators of patient experience and engagement. Health center provides a secure, electronic patient portal in appropriate languages for patients to access their records and schedule care."
- A self-assessment of 7-9 indicates "Patients have 24/7 access to care team via phone, email or in-person visits. Health center has collaboration with other providers for readily accessible urgent care (or provides care directly). Health center engages with patients by using a variety of modalities (e.g. nonface to face visits such as telehealth, email, text-message, and phone; as well as face-to-face visits to hospitals, specialty centers, homes, and/or places of employment), that ensure high quality and patient satisfaction. Patients use the health center electronic patient portal for access to patient records, scheduling of care, visit summaries, interactions with care teams, and access to educational materials."

The health center has systems to support timely access to care.	1	2	3	4	5	6	7	8	9
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Question 13 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center does not use patient empanelment (assigning patients to a specific provider or care team). Health center uses empanelment, but these assignments are not routinely analyzed for quality improvement (QI) or other purposes."
- A self-assessment of 4-6 indicates "Health center prospectively and formally empanels patients to specific providers or care teams, and these assignments are routinely used for scheduling purposes. Empanelment is not by patient choice but may reflect their utilization history/patterns/care needs".
- A self-assessment of 7-9 indicates "Patient choice is the initial method used to empanel patients. Panel assignments are routinely used for scheduling purposes and to monitor continuity of care."

The health center uses formal, prospective empanelment.	1	2	3	4	5	6	7	8	9
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Question 14 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center reports regularly on financial indicators for monitoring its overall operating margins and financial performance indicators required by UDS."
- A self-assessment of 4-6 indicates "Health center monitors key performance indicators and their trends including but not limited to days cash on hand, days in accounts receivable, net collection rates, net income, payer mix, and utilization rates."
- A self-assessment of 7-9 indicates "Health center compares its key performance indicators to relevant state and local benchmarks to identify and implement strategies for improvement. Health center uses key performance indicators to identify and implement strategies for improvement. Health center staff is able to describe health center financial health based on key performance indicators."

The health center has a solid understanding of its current financial performance under its existing service delivery and payment models	1	2	3	4	5	6	7	8	9
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Question 15 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center identifies complex and costly patients informally or through chart review. Health center has implemented a HRSA sponsored or similar disease collaborative at a minimum of one site."
- A self-assessment of 4-6 indicates "Health center has a system to build organizational capacity to support accurate and specific diagnostic codes needed to characterize patient acuity/illness burden."
- A self-assessment of 7-9 indicates "Health center has a system to build and account for organizational capacity to support accurate and specific diagnostic codes needed to characterize patient acuity. Health center uses practice management data to determine the most effective interventions that improve outcomes and lower costs for complex patients. Health center draws from external data sources (i.e. from payers, hospitals, specialists, etc.) to assess impact of interventions on cost and quality."

The health center addresses cost of care for patients with complex needs (e.g. chronic conditions) and utilization patterns.	1	2	3	4	5	6	7	8	9
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Question 16 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center uses historical costs to identify up-front costs associated with the payment reform initiative including staffing, space, and health information technology (HIT) costs. Cost estimates for service delivery are based on historical health center per visit costs."
- A self-assessment of 4-6 indicates "Cost estimates have been adjusted to account for patient population to be served (vis-à-vis average health center patient) and specific health needs and/or utilization patterns they experience. Health center can quantify return on investments related to care transformation initiatives."
- A self-assessment of 7-9 indicates "When required, health center has developed per- member-per-month costs for the full scope of services to be offered. Health center has analyzed this cost in comparison to expected reimbursement."

The health center addresses up-front costs of participation in care and payment transformation initiatives.	1	2	3	4	5	6	7	8	9
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Question 17 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center uses only internal data to track patient utilization and costs within the health center model."
- A self-assessment of 4-6 indicates "Health center is reliant on partners and/or state agencies to provide data related to any patient outcomes or performance metrics tied to new payment models. Health center is reliant on partners and/or state agencies to provide data on system costs incurred by health center patients included in new payment models."
- A self-assessment of 7-9 indicates "Health center care teams readily access both its own and system-level data regarding utilization and cost patterns (e.g. specialty, pharmacy, and hospital) of patients in the reform effort to establish high value referral networks."

The health center is able to track system-level utilization and cost data for its patients.	1	2	3	4	5	6	7	8	9
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Question 18 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has understanding of how and when payments will be made, including any incentives, penalties, or wrap payments."
- A self-assessment of 4-6 indicates "Health center understands the impact of anticipated payment flow and timing on operating cash flow projections."
- A self-assessment of 7-9 indicates "Health center has worked with payers to establish payment cycles that enhance the health center's ability to operate successfully in the reform initiative."

The health center analyzes how payment timing and methodology for a proposed payment reform model relates to health center operating cash flow.	1	2	3	4	5	6	7	8	9
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Question 19 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has experience negotiating and managing fee for service volume-based and managed care contracts."
- A self-assessment of 4-6 indicates "Health center has experience negotiating and managing pay-for-performance based contracts, and/or contracts with upside risk only."
- A self-assessment of 7-9 indicates "Health center has (in house or contracted) experience negotiating downside risk-bearing contracts including experience analyzing the anticipated financial outcomes of such contracts. Health center is able to utilize its experiences under past contracts to inform current contracting strategies. Health center uses risk adjustment to support higher payments for higher need patients. Health center uses risk-related data to ensure that factors beyond the health center's influence do not result in lower quality scores."

The health center has experience and capacity to manage performance-based contracts.	1	2	3	4	5	6	7	8	9
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Question 20 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center relies on internal and external expertise to participate in value-based care models. Health center has a system for monitoring and tracking various incentive programs in place from each major payer with which it contracts."
- A self-assessment of 4-6 indicates "Health center is able to discern, prioritize, and negotiate diverse transformation efforts and payment models with different payers and plans, particularly when incentives and durations are misaligned. Health center actively negotiates, during contract process, pay for performance or other incentive metrics that are consistent with quality and process measures already reported by health centers to HRSA, Centers for Medicare and Medicaid Services, or state entities."
- A self-assessment of 7-9 indicates "Health center staff is adept at negotiating and implementing a variety of contracts supporting diverse transformation efforts and payment models with different payers and plans, particularly when incentives and durations are misaligned. Health center is involved (directly or through PCA, IPA, and/or ACO) in payment reform initiatives to employ quality and cost metrics consistent with reporting requirements under other existing initiatives or funders."

The health center leverages value-based payment models to transform care and payment using either internal contracting expertise or expertise through service delivery networks such as IPAs or ACOs.	1	2	3	4	5	6	7	8	9
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Question 21 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has limited its interest to up-side risk (sharing in cost savings or profit) only. Health center has not conducted an analysis of its ability to bear risk, other than identifying reserves available to cover risk."
- A self-assessment of 4-6 indicates "Health center creates a financial model to anticipate the effects based on the identified size of its patient population that would be served and the potential for variation in cost and performance measures. Health center has analyzed its ability to benefit from up-side risk and absorb down-side risk on its own."
- A self-assessment of 7-9 indicates "Health center has ability to be grouped with additional partners for performance assessment and risk sharing. Health center has established a reserve to support payment reform planning and implementation of new models, including risk-based reimbursement."

The health center has analyzed its financial capacity to engage in risk-based contracts.	1	2	3	4	5	6	7	8	9
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Question 22 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center finance, administrative, and clinical staff have a thorough understanding of basis upon which the health center's current payment (e.g. PPS, APM rate) is established, the costs, and services it includes, and how it relates to actual average per-visit costs."
- A self-assessment of 4-6 indicates "Health center has analyzed the degree to which payment reform incentives/ payment mechanisms would result in revenue exceeding existing PPS and/or APM rates. Health center has experience navigating state rate setting, managed care reconciliation, and/or scope change processes for PPS or APM when applicable."
- A self-assessment of 7-9 indicates "Health center has analyzed the impact of proposed APMs on health center revenues and operating cash flows."

The health center has analyzed the relationship between payment reform models and FQHC PPS or FQHC alternate payment methodology (APM) payment for Medicaid.	1	2	3	4	5	6	7	8	9
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Question 23 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Providers paid on salary basis."
- A self-assessment of 4-6 indicates "Provider and/or team bonuses are offered for meeting productivity or quality process benchmarks."
- A self-assessment of 7-9 indicates "The full care team receives financial incentives based on performance/value."

The health center has developed internal payment incentives based on quality and patient outcomes rather than volume.	1	2	3	4	5	6	7	8	9
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Question 24 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center actively tracks grant and other funding opportunities that support service delivery transformation and payment reform initiatives."
- A self-assessment of 4-6 indicates "Health center participates in local, state, and/or federal initiatives supporting service delivery and/or payment transformation (e.g. State Innovation Models, Transforming Clinical Practice Initiative, Comprehensive Primary Care Plus, etc.)"
- A self-assessment of 7-9 indicates "Health center partners with organizations such as behavioral health and social service organizations to help shape service delivery and payment transformation funding priorities at the state, local, and/or federal level. Health center serves as the lead of state- and local-level payment initiatives that support efficiency and quality outcomes."

The health center is leveraging all the available state and local assistance and funding to support service delivery and payment transformation efforts.	1	2	3	4	5	6	7	8	9
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Question 25 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has had limited involvement in Human Resources and Services Administration (HRSA)-funded disease collaboratives, Patient Centered Medical Home transformation, or other clinical practice transformation efforts. Continuous Quality Improvement (CQI) efforts are primarily focused on clinical processes."
- A self-assessment of 4-6 indicates "Health center has goals and measurable objectives for quality improvement. Health center has selected and implemented a formal model for CQI (e.g. Plan, Do, Study, Act (PDSA), LEAN, Six Sigma, etc.). The CQI model includes both clinical and non-clinical arenas and engages staff from all levels of the organization in defining and implementing initiatives."
- A self-assessment of 7-9 indicates "Health center has developed an identity as a "learning" or CQI organization. QI measures are regularly shared with team members, leadership, and staff. Health center has institutionalized support for quality improvement, such as robust data and information systems and analysis to inform improvement processes, expectations of leadership staff to lead and support improvement efforts, and coaching (external or internal) to address implementation barriers."

The health center has knowledge and experience with quality improvement.	1	2	3	4	5	6	7	8	9
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Question 26 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center routinely assesses and analyzes its target population, as defined by its internal patient population data, payer/provider network attribution/assignment data, or other sources. Health center routinely collects patient input via patient satisfaction surveys conducted and analyzed at regular intervals."
- A self-assessment of 4-6 indicates "Effective mechanisms are in place to reach out and help patients feel connected to the health center providers and/or other care team members if those relationships do not already exist. Health center has a robust system for assessing patient experience (i.e. patients are meaningful partners in providing feedback via advisory/focus groups, etc.)"
- A self-assessment of 7-9 indicates "Health center has an established feedback loop to incorporate patient input into CQI activities, and this loop is communicated with patients. Health center uses patient experience and engagement metrics such as the Patient Activation Measure and Consumer Assessment of Healthcare Providers and Systems (CAHPS) to improve care."

The health center has a clear understanding of its patient population.	1	2	3	4	5	6	7	8	9
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Question 27 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "All service delivery sites participate in disease collaboratives. Lessons learned and best practices are shared across the organization. Specific disease conditions are included in CQI efforts on an ongoing basis. Health center identifies complex patients informally or through chart review."
- A self-assessment of 4-6 indicates "Health center uses disease registries to categorize sub-populations by clinical priorities. Health center engages in regular and continuous management of patient visits for specific chronic conditions. Disease registries support automatic prompts and reminders about services."
- A self-assessment of 7-9 indicates "Health center uses formal models including evidence-based practices to improve outcomes of complex patients. Model of care may include a team-based approach to systematic preventive, follow-up, planned, and group visits for chronic care."

The health center addresses quality of care for patients with complex needs (e.g. chronic conditions) and utilization patterns.	1	2	3	4	5	6	7	8	9
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Question 28 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has aggregate data on the insurance and socio-economic status of its own population. This data is examined infrequently, typically in preparation for Uniform Data System (UDS) reporting."
- A self-assessment of 4-6 indicates "Health center has the workforce capacity to regularly examine both internal and external data regarding the insurance and socio-economic status of both its own patients and residents of the service area, including an analysis of trends over time."
- A self-assessment of 7-9 indicates "Health center staff regularly applies socio-economic data regarding the needs of populations targeted by specific payment reform efforts."

The health center regularly uses data to understand the socio-economic characteristics of population in service area.	1	2	3	4	5	6	7	8	9
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Question 29 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has data on the primary health conditions of its own patient population. Health center has analyzed health needs of specific populations (age, gender, and race/ethnic groups) within its patient population."
- A self-assessment of 4-6 indicates "Health center is aware of broader health needs and utilization patterns in service area, including behavioral and oral health needs, comorbidities, and primary prevention needs (e.g. smoking and obesity rates, etc.)."
- A self-assessment of 7-9 indicates "Health center has a thorough understanding of specific health needs and utilization patterns of the population based on its own data serving the patient population and information available from other provider groups and/or published literature."

The health center regularly uses data to understand the specific health needs of population in its service area.	1	2	3	4	5	6	7	8	9
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Question 30 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center regularly examines its penetration rate for its target market segments (i.e. low-income, uninsured). Health center has gathered data on other community providers serving the same patient population and their penetration rates."
- A self-assessment of 4-6 indicates "Health center analyzes penetration into the service area/target population for a specific initiative. Health center understands the specialty and hospital referral patterns of its current and potential patients."
- A self-assessment of 7-9 indicates "Health center is able to improve its market penetration in its service area using data. The health center understands its untapped demand within service area for specific services; for populations in the context of major competitors and their market share."

The health center uses data to understand its role within the broader health care marketplace and its market share.	1	2	3	4	5	6	7	8	9
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Question 31 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center uses practice management and health records data to quantify current capacity and the need for any additional capacity."
- A self-assessment of 4-6 indicates "Health center applies practice management data to optimize existing capacity (using providers to full extent of license; expanding facility hours, etc.)."
- A self-assessment of 7-9 indicates "Health center uses practice management and health records data from internal and external sources to inform, plan, and engage in transformation efforts. These data may include potential impact on current demand, staffing mix or space needs that are different than those historically used."

The health center uses data to understand its current capacity in terms of workforce and physical plant.	1	2	3	4	5	6	7	8	9
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Question 32 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center's systems are able to capture unique encounters, services provided, utilization and diagnosis. The system readily produces reports on encounters, utilization and diagnoses in the aggregate, but it is not readily accessible in real-time. Health center is able to produce and submit accurate and timely reports reflecting performance indicators tied to quality or other funding."
- A self-assessment of 4-6 indicates "Health center's systems are able to capture and report on unique encounters, services provided, utilization and health outcomes for specific groups of patients (e.g. age, lab results, chronic conditions, dual eligibles, high utilizers, etc.). Health center's systems capture and produce reports on patient social determinants of health, including environmental factors (health habits; mental health; patient perspective and preferences and communication modalities; risk assessments)."
- A self-assessment of 7-9 indicates "Health center information systems capture and report on non-traditional "touches" such as email, phone call, group visits for diabetes management and prenatal care, etc. and enabling services. Health center information systems capture and report on non-traditional "touches" such as remote monitoring devices/wearables, virtual reality and/or other internet of things (iot) devices. Health center information systems enable care teams to securely exchange real-time tracking and service data such as event notification with delivery system partners (including hospitals, specialists, payers, public health, social services, law enforcement, emergency, and other health-related entities). Health center is able to leverage cost and utilization data available from partners for performance improvement."

The health center's health information technology (HIT) systems allow for tracking of client and service information needed to support care and payment transformation.	1	2	3	4	5	6	7	8	9
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Question 33 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center participates in some population-wide, information exchange networks such as those related to IPAs, MCOs, and/or health information exchanges."
- A self-assessment of 4-6 indicates "Health center uses data exchanged via the information exchange networks to inform service model and payment transformation efforts."
- A self-assessment of 7-9 indicates "Robust health information exchanges allow the health center to exchange data with other care providers and payers in real time. Information exchange networks collectively assess aggregate data to address health disparities, support value/return on investment studies and inform other policy, payment, and system-wide transformation efforts to improve population health while reducing the total cost of care."

The health center's health information technology (HIT) systems allow for use of internal and external data to support population health management.	1	2	3	4	5	6	7	8	9
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Question 34 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health center has not independently analyzed legal and/or compliance implications of specific payment reform initiatives. Any analysis has been provided by partners and/or sponsors of payment reform initiatives."
- A self-assessment of 4-6 indicates "Health center has identified legal/ compliance issues related to specific payment reform initiatives, including anti-trust issues, governance requirements, maintenance of PPS payment protections, organizational liability and FTCA issues."
- A self-assessment of 7-9 indicates "Health center has ensured internal expertise is adequate to address identified issues, or has contracted with external expertise as needed."
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The health center has secured appropriate legal and compliance expertise for payment reform activities.	1	2	3	4	5	6	7	8	9
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Question 35 of 35

Indicate on a scale of 1 - 9 your organization's level of readiness and competency in this area.

- A self-assessment of 1-3 indicates "Health Center is informally involved in tracking value-based care and payment related policy through newsletter subscriptions, meetings, and other sources of information"
- A self-assessment of 4-6 indicates "Health Center is aware of policy efforts through formal channels such as PCA membership and formal participation in other organizations."
- A self-assessment of 7-9 indicates "Health Center has a lead role in helping to shape state-level payment reform through participation in advisory groups, coalitions, and committees related to value-based care and payment. Health Center participates in national and state-level efforts to gain a broader understanding of value-based care and payment reform efforts. The BOD supports policy efforts (including health center and PCA activities) to shape state-level payment reform."

The Health Center understands the implications of policies that impact efforts regarding value-based payment and care.	1	2	3	4	5	6	7	8	9
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APPENDIX B

COMPETENCY, MEASURES AND INDICATORS, DATA SET CHART

COMPETENCY AREAS MEASURES INDICATORS

LEVEL 1: Strengthen clinics' capacity and infrastructure to begin engaging in population health managements activities

Competency Areas	Grantee Measures/Indicators	Specific Data Sources/Data Sets
Organizational Commitment to Implementing a Population Health Strategy	<ul style="list-style-type: none"> 1. Clinic has engaged in a comprehensive planning process to identify priorities and timelines for the implementation of a population health approach 2. Clinic leadership has confidence in their understanding of population health and value-based models necessary to lead the organizational change 3. Clinic has documented processes to manage and transfer knowledge related to transformation efforts across staff levels 4. Clinic demonstrates expanded readiness for value-based models and population health efforts 	Documented workplan/business plan/roadmap Grantee self-report EHF Readiness Assessment Survey Scores (collected annually) Documented workflows, policies/procedures, and/or job descriptions
Clinical Management and Care Management Program	<ul style="list-style-type: none"> 1. Clinic establishes fundamental best practices and infrastructure necessary to create effective care management and population health strategies 2. Clinic documents care management program with specific populations, staff plan, and workflows identified 3. Clinic demonstrates that a referral system is in place 4. Clinic demonstrates basic empanelment practices are in place 5. Clinic tracks and monitors indicators of patient experience and engagement 	EHF Readiness Assessment Survey Scores (collected annually) Documented workflows, policies/procedures, and/or job descriptions (including daily huddles) % of patients receiving a referral % of patients empaneled to a care teamPatient Activation Measure (tool) % of patients engaged in portals, patient surveys, etc.
Social Determinants of Health	<ul style="list-style-type: none"> 1. Clinic implements a protocol/process for SDOH screening that is embedded in the EHR 2. Clinic annually evaluates the data related to SDOH needs of its patient population. 	EHF Readiness Assessment Survey Scores SDOH screening tools % of patients screened Annual assessment of SDOH needs
Health Information Technology and Data	<ul style="list-style-type: none"> 1. Clinic regularly uses data to understand the specific health needs of population in its service area 2. Clinic regularly uses data for performance management for clinical and financial metrics 3. Clinics utilize data as part of its quality improvement programming 	EHF Readiness Assessment Survey Scores Demonstrates data reports that identify patient/pop heath needs Demonstrates performance dashboards are in place and used regularly by clinical and operational teams
Financial Health and Planning	<ul style="list-style-type: none"> 1. Clinic demonstrates understanding of its current financial performance under its existing service delivery and payment models 2. Clinic implements a process to identify high-cost patients 3. Clinic is participating in at least one value-based payment arrangement 	EHF Readiness Assessment Survey Scores Specific financial KPIs that measure basic health center operations (to be selected) % of patients identified as "high cost" Documented contract participation

COMPETENCY AREAS MEASURES INDICATORS

LEVEL 2: Supporting clinics to undertake population health management activities - including addressing unmet social needs - with their patient population

Competency Areas	Grantee Measures/Indicators	Specific Data Sources/Data Sets
Clinic care protocols are influenced by patient risk scores and social needs assessment findings	1. Clinic has a care management program that aligns with risk stratification models 2. Clinic has patient engagement strategies that are documented and effective 3. Prospective empanelment practices in place	EHF readiness assessment survey; Grantee report, qualitative assessment from third party evaluator
Patients can access additional services to address their unmet social needs	1. Change in percent and number of patients accessing additional services.	Grantee report, qualitative assessment from third party evaluator
Clinics and their respective partners are using shared data to inform population health improvement efforts	1. Clinic draws from external data sources (i.e. from payers, hospitals specialists, etc.) to assess impact of interventions on cost and quality 2. Clinics have bi-directional data sharing in place with partners (i.e. MCOs, hospitals, behavioral health, CBOs, etc.) 3. Clinic regularly integrates payer and utilization data into clinical programming and care coordination	EHF readiness assessment survey; Grantee report, qualitative assessment from third party evaluator
Clinics draw down available P4P and/or other APM funding to invest in infrastructure	1. Clinic demonstrates that gains from value-based contracts are being reinvested in strategic initiatives that support the population health approach 2. Clinic has established a reserve to support payment reform planning and implementation of new model, including risk-based reimbursement	Grantee report, qualitative assessment from third party evaluator
Clinics organizational commitment to population health has been expanded through additional partnerships and strategies.	1. Number and type of partnerships and strategies developed	EHF readiness assessment survey; Grantee report, Qualitative assessment from third party evaluator
Long Term	Grantee Measures/Indicators	Specific Data Sources/Data Sets
Clinics identify and obtain non-philanthropic funding sources to support population health management activities	1. Clinics are able to show data indicating diversification of funds	Grantee report, qualitative assessment from third party evaluator
Patients' social needs are improved	1. Clinics are able to report specific patient social needs have been improved.	Grantee report, qualitative assessment from third party evaluator
Clinics demonstrate improved health outcomes	1. Clinics are able to demonstrate improved health outcomes, as measured by clinic-selected measures	Grantee report, qualitative assessment from third party evaluator
In collaboration with partners, clinics are able to demonstrate the economic impact of addressing SDOH needs.	Clinics can quantify both the impact of addressing and not addressing patient SDOH needs	Economic analysis methodology as provided by EHF/Consultant

COMPETENCY AREAS MEASURES INDICATORS

LEVEL 3: Supporting clinics to work with payors, hospitals and other stakeholders to develop strategies to sustainably finance community prevention work

Competency Areas	Grantee Measures/Indicators	Specific Data Sources/Data Sets
Clinic leadership has developed an organizational culture that is committed to community prevention	1. Executive leadership, including Chief Medical Officer, and Board adopt community prevention as a strategic priority. 2. Clinic organizational structure, policies and protocol aligns with values of community prevention	Grantee report, qualitative assessment from third party evaluator
Clinics have infrastructure in place that positions them to be active partners in addressing social determinants of health at the community level	1. Clinic has incorporated community-level metrics into its clinical planning and performance dashboards (i.e. able to compare ED utilization rates among clinic patients with community utilization rates, etc.) 2. Clinic proactively develops multi-sector partnerships to address health conditions impacted by SDOH	Grantee report, qualitative assessment from third party evaluator
Clinics articulate the public health impact of unmet social and health needs as well as value-proposition for how they can address those needs to payers and partners	1. Clinic is analyzing and sharing cost-effectiveness and outcomes of partnership efforts 2. Clinics regularly apply socio-economic data regarding the needs of populations targeted by specific payment reform efforts	Grantee report, qualitative assessment from third party evaluator
Long Term	Grantee Measures/Indicators	Specific Data Sources/Data Sets
Clinics demonstrate improved community health outcomes as well as positive ROI	1. Improvements in community health outcomes as defined by clinics. 2. Improvements in ROI or cost savings.	Grantee report, qualitative assessment from third party evaluator ROI methodology will be developed and shared with clinics
Clinics leverage partnerships with hospitals, MCOs, local governments to support community prevention	1. Type and nature of clinic partnership agreements with hospitals, MCOs, and others to fund community prevention.	Grantee report, qualitative assessment from third party evaluator
Community health activities are sustainably funded	1. Type and nature of community health activities and funding streams.	Grantee report, qualitative assessment from third party evaluator

APPENDIX C

EHF CLINIC LEVEL LOGIC MODELS

High Level Clinics Approach Logic Model

EHF Inputs	Strategies	Outputs During Grant Period	Short-Term Outcomes 1-3 Years	Long Term Outcomes 4 years & beyond
Resources: <ul style="list-style-type: none"> • Technical Assistance • Training/Learning Collaboratives • Research and Evaluation Funding Mechanisms: <ul style="list-style-type: none"> • Multi-year project funding • One-time TA support • One-time collaboration and planning efforts Collaborations: <ul style="list-style-type: none"> • Clinic collaborations/partnerships to create scale and efficiencies • Funders and philanthropy • Managed care/payers • Community based/service organizations • Gov't (local and statewide) • Health systems/hospitals 	<p>Address gaps in capacity that impact the planning and implementation of population health strategies and value-based approaches.</p> <p>Address clinic strategic, financial and operational infrastructure and capacity to progress all three Levels of development.</p> <p>Clinics build and expand data collection and analytics to support SDOH, population health and value-based models.</p> <p>Clinics invest in performance measurement and outcomes tracking across clinical, operational, and financial domains</p> <p>Clinics build partnerships with stakeholders who support population health strategies.</p>	<p>Clinics have clinical and operational workflows in place that support population health efforts.</p> <p>Clinics have demonstrated organizational effectiveness and commitment to the priority payment reform domains.</p> <p>Clinics capacity to capture new data sets (i.e. SDOH, cost, etc.).</p> <p>Clinics implement innovative pilots for upstream models of intervention and population health.</p> <p>Clinics invest time and resources into organizational change.</p> <p>Clinics and their community partners have closed loop referral and care management programs that integrate across systems.</p>	<p>Clinics and their partners are using shared data to inform population health efforts (including risk, cost, and utilization data).</p> <p>Clinics create financially sustainable models that move them from Level 1 to Levels 2 & 3.</p> <p>Clinics expand their infrastructure and clinical capacity over time to address SDOH, population health and upstream models.</p> <p>Clinic leadership has developed an organizational culture that is committed to community prevention.</p> <p>Clinics have formal agreements with payers and others to engage in value-based models</p>	<p>Clinics and their community partners can demonstrate improvement in patients' social and health needs.</p> <p>Clinics and their community partners can successfully demonstrate improved community health outcomes as well as positive ROI.</p> <p>Community health prevention activities are sustainably funded</p> <p>Culture of prevention and partnership is fully integrated in all strategies.</p> <p>Clinics demonstrate success under value-based payment arrangements, including taking on risk-bearing contracts.</p>

Key Assumptions:

- Clinics have high adaptive capacity for changing their culture and organizational capabilities
- Clinics will commit to moving from Level 1 through Level 3 as part of this process
- Clinics across the cohort will not start at the same point of development

External Factors:

- Policy directives from the State and Medicaid
- MCO/hospital appetite to engage and partner with clinics
- The uninsured rate in Texas

Level 1

Level 1 of the Clinics Approach involves strengthening clinics' capacity and infrastructure to begin engaging in population health management activities

EHF Inputs	Strategies	Outputs During Grant Period	Short-Term Outcomes 1-2 Years	Long Term Outcomes 2-3 years
Providing grants to fill specific gaps in clinics' capacity to do population health management work; providing grants for one-time collaboration and planning efforts	Clinics use grant funding to address specific organizational gaps in their ability to do population health management work	Clinics have captured broad patient data set, including screening for patient SDOH needs and data used for clinical planning and identifying population health priorities	Clinics have strengthened their capacity to engage in population health management through increased capacity in several core competency areas (organizational commitment, clinical management and care management program; SDOH, health IT and data analytics, financial health and planning)	Clinics advance to level 2.
Facilitating effective technical assistance by identifying consultants and resources	Clinics actively participate in or lead the development of peer learning opportunities around how to do population health management	Clinics have established appropriate staffing to do population health management (either through recruiting new staff or training existing staff)		
Facilitating learning collaboratives and peer learning opportunities (including coordinated work with other funders)	Clinics develop an infrastructure to systematically and effectively capture patient data, specifically quality outcomes and SDOH data	Demonstrated organizational commitment to key payment reform readiness domains through demonstrated leadership-led planning for population health, SDOH, and other core competency areas.		
Convene collaborators and stakeholders (i.e. payers, CBOs, government, etc.) to support population health efforts				
Conducting in-depth research and evaluations focused on what works for whom and why				

Key Assumptions

- Participating clinics must have a high degree of willingness and a reasonable level of readiness to engage in population health management activities, as well as participate in EHF training/TA
- Clinics in Level 1 will commit to moving through Level 1 to Levels 2 and 3 as part of this process
- Clinics across the cohort will not start at the same point in their development but are expected to determine baseline capacity and gaps to implement strategies

Level 2

Level 2 of the clinics approach involves supporting clinics as they undertake population health management activities (that incorporate addressing unmet social needs) with their patient population

EHF Inputs	Strategies	Outputs During Grant Period	Short-Term Outcomes 1-2 Years	Long Term Outcomes 2-3 Years
Providing grants to fund clinics to enhance their population health management work as well as collaboration and planning efforts	Clinics are using grant dollars to improve their population health management work	Clinics use hotspotting/risk stratification to target interventions to population subgroups	Clinic care protocols are influenced by patient risk scores and social needs assessment findings	Clinics identify and obtain non-philanthropic funding sources to support population health management activities
Providing or identifying technical assistance resources	Clinics maximize existing alternative payment programs	Clinics are implementing a closed-loop referral process for patients with unmet social needs	Patients can access additional services to address their unmet social needs	Patient' social needs are improved
Conducting environmental scans or research on various payment and delivery models (ACOs, APMs, etc.)	Clinics are beginning to develop partnerships with key stakeholders (MCOs, hospitals, CBOs) ¹	Clinics are engaging in social-risk targeted care activities in support of chronic disease management (i.e. home remediation for asthma)	Clinics and their respective partners are using shared data to inform population health improvement efforts	Clinics demonstrate improved health outcomes
Conducting environmental scans or research on clinic partnership opportunities	Clinics quantify and articulate their ROI to partners (their value proposition)	Clinics formalize partnerships with MCOs, payors, and hospitals to engage in APMs or other population health activities (i.e. ED diversion) ¹	Clinics draw down available P4P and/or other APM funding and can re-invest in infrastructure for population heath, SDOH, and value-based activities	In collaboration with partners, clinics can quantify both the impact of addressing and not addressing unmet patient SDOH needs
Conducting in-depth research and evaluations focused on what works for whom and why	Clinics identify key clinical outcomes to be improved upon	Clinics have a formal agreement in place to support bi-directional data sharing with partners, including payer data to support clinical and population health planning	Clinics organizational commitment to population health expanded through additional partnerships and strategies (i.e. hiring of additional staff, etc.)	
Convene collaborators and stakeholders (i.e. payers, CBOs, government, etc.) to support population heath efforts	Clinics expand care coordination and empanelment efforts	Clinics are implementing a standardized SDOH screening process		

Note 1: Clinic partnership continuum: Partnerships with community-based agencies and organizations (local government and nonprofit); Partnerships with hospitals; Consortia; Management services organizations and clinically integrated networks; Health-center-led Independent Practice Associations (IPAs); Partnerships with health plans; Mergers and acquisitions

Key Assumptions
 Clinics have robust infrastructure in place for population health management
 Clinic business models reflect an attention to issues such as payer mix, patient population size, etc.

External Factors

- Policy directives from state Medicaid
- The uninsured rate in Texas
- MCO/Hospital appetite to engage/partner with clinics to do this work

Level 3

Level 3 of the clinics approach involves supporting clinics to work with payors, hospitals, and other stakeholders to develop strategies to sustainably finance community prevention work

EHF Inputs	Strategies	Outputs During Grant Period	Short-Term Outcomes 1-3 Years	Long Term Outcomes 4 years & beyond
Facilitating and brokering collaborations between clinics and key stakeholders (MCOs, hospitals, CBOs)	Clinics are using grant funds to catalyze experimentation with community health prevention work, rather than just building capacity	Clinics use, vet, experiment, or pilot innovative models for community prevention	Clinic leadership has developed an organizational culture committed to community prevention	Clinics can successfully demonstrate improved community health outcomes as well as positive ROI
Research on innovative models to sustainably finance community prevention as well as how to develop strong multi-sector collaboratives	Clinics are partnering with a diverse array of multi-sectoral stakeholders on community health prevention work	Clinics implement an integrated referral and follow up system to address SDOH	Clinics have infrastructure in place that positions them to be active partners in addressing social determinants of health	Clinics leverage partnerships with hospitals, MCOs, local governments to support community prevention
Systems mapping of assets and resources	Clinics incorporate community-level metrics into planning and evaluation	Clinics expand financial capacity to implement of value-based and risk-based arrangements	Clinics articulate the public health impact of unmet social and health needs as well as value-proposition for how they can address those needs to payers and partners	Community health prevention activities are sustainably funded
Conducting in depth evaluations focused on what works for whom and why				

Key Assumptions

- Clinics have high adaptive capacity for changing their culture and their infrastructure/capacity is robust and fully built
- EHF is in this for the long game

12/10/2020

External Factors

- Policy directives from state Medicaid
- The uninsured rate in Texas
- MCO/Hospital appetite to engage/partner with clinics to do this work