Specialty Care Access

for Underserved Patients in Michigan

Letter of Interest due
March 6, 2015

BCBSM FOUNDATION
bcbsm.com/foundation

Specialty Care Access for Underserved Patients in Michigan

The Blue Cross Blue Shield of Michigan Foundation and the Social Mission department of Blue Cross Blue Shield of Michigan are issuing a request for letters of interest to Michigan-based safety net organizations that primarily serve the uninsured, underinsured, Medicaid recipients and other vulnerable populations.

Michigan's safety net organizations serve as the default system of care for low-income residents who have limited health insurance or no coverage at all, as well as for other vulnerable groups with serious physical and mental illnesses. These services and the expansion of insurance under the Affordable Care Act has meant access to primary care for thousands of Michigan residents, yet important gaps in access remain, especially those pertaining to medical specialties.

The Foundation and the Social Mission department will collaborate on the important challenge of helping safety net providers develop, adopt or adapt innovations that can be replicated by other providers and in other settings across the state to improve access to specialty medical care.

By combining funds, the Foundation and the Social Mission department plan to award a total of $200,000 to **increase access to medical specialty services through safety net organizations**. The maximum grant awarded to any organization will be $100,000. The project period may be one or two years. Although no clinic or community partner match is required, we encourage proposals that demonstrate additional financial or in-kind contributions. Letters of interest are due by March 6, 2015.

We will request a full proposal from selected organizations by April 10, 2015. The full proposals will be due May 8, 2015.

A. Background

Access to specialty medical services is important for ensuring comprehensive quality health care for all Michigan residents. The federal government has steadily increased resources to the health care safety net in recent years through expanded funding for new access points for Federally Qualified Health Centers and subsidization or provision of health insurance for low-income individuals. Whereas this support has helped the system meet rising demands for primary care, there remain opportunities for improving access to medical specialists.

The need for medical specialty services is growing. National data from 1999 to 2009 show that the probability that an ambulatory visit to a physician resulted in a referral to another physician nearly doubled, increasing from 4.8 percent to 9.3 percent. Changes in referral rates varied according to the patients' symptoms, with significant increases noted for visits with cardiovascular, gastrointestinal, orthopedic, dermatologic and ear, nose and throat symptoms.

In Michigan, estimates prior to the Affordable Care Act projected a shortage of medical specialists ranging from 2,000 to 8,000 physicians for all specialties by 2020. It is likely that shortages will become even more acute now that the ACA is extending health insurance coverage to the previously uninsured and underinsured.

A recent survey of the FQHC's in Michigan reported difficulties in obtaining specialty care for FQHC patients. The most frequently mentioned specialties were neurology, psychiatry, dermatology and ear, nose and throat services. Several respondents also commented on access challenges, such as the need to send patients to faraway cities, transportation barriers, encountering resistance from medical specialty providers in taking patients not in their insurance network, lack of acceptance of Medicaid and long wait times between the referral and appointments.

B. Program rationale

Blue Cross Blue Shield of Michigan has a long history of commitment to increasing access to health care in partnership with safety net health care providers. We have a unique social mission to help ensure access to high-quality medical care for all residents in Michigan. We strive to provide leadership, advocacy and resources to reduce barriers and promote quality health for uninsured and underserved people in Michigan.

The Foundation and the Social Mission department created this initiative as part of our commitment to increasing access to comprehensive health care. This program provides grant support to nonprofit health clinics in underserved communities throughout Michigan. We recognize that grant support for medical specialty care will help safety net providers to treat their patients more effectively, increase their service capacity and ultimately expand access to all needed services in underserved communities.

Specialty Care Access for Underserved Patients in Michigan grants are intended to increase access to specialty medical services and improve service delivery and quality of care for uninsured Michigan residents, including those who live in areas with limited access to care. We hope that what we learn from this initiative will also strengthen the health care safety net through innovative approaches designed to expand access to health care for everyone.

C. Program aim

The Foundation and the Social Mission department aim to award two or three grants to Michigan-based safety net organizations to support and evaluate demonstration projects that implement technology, systems or processes to improve access to medical specialty services for Michigan's safety net population. Grant awards may focus on the access gaps, including, but not limited to cardiology, dermatology, gastroenterology, neurology, OB-GYN, ophthalmology, psychiatry and orthopedic surgery. Other specialties may be considered, however, the focus of this initiative is on medical treatment rather than dental or behavioral health care. Projects to increase access to medical psychiatry services are eligible under this grant initiative, however, projects that focus on services provided by psychologists, social workers or nonmedical providers will not be considered. Programs may be designed to increase access to multiple specialists.

To achieve this aim, we're requesting letters of interest. We'll invite the most promising applicants to submit full proposals.

Review Guidelines

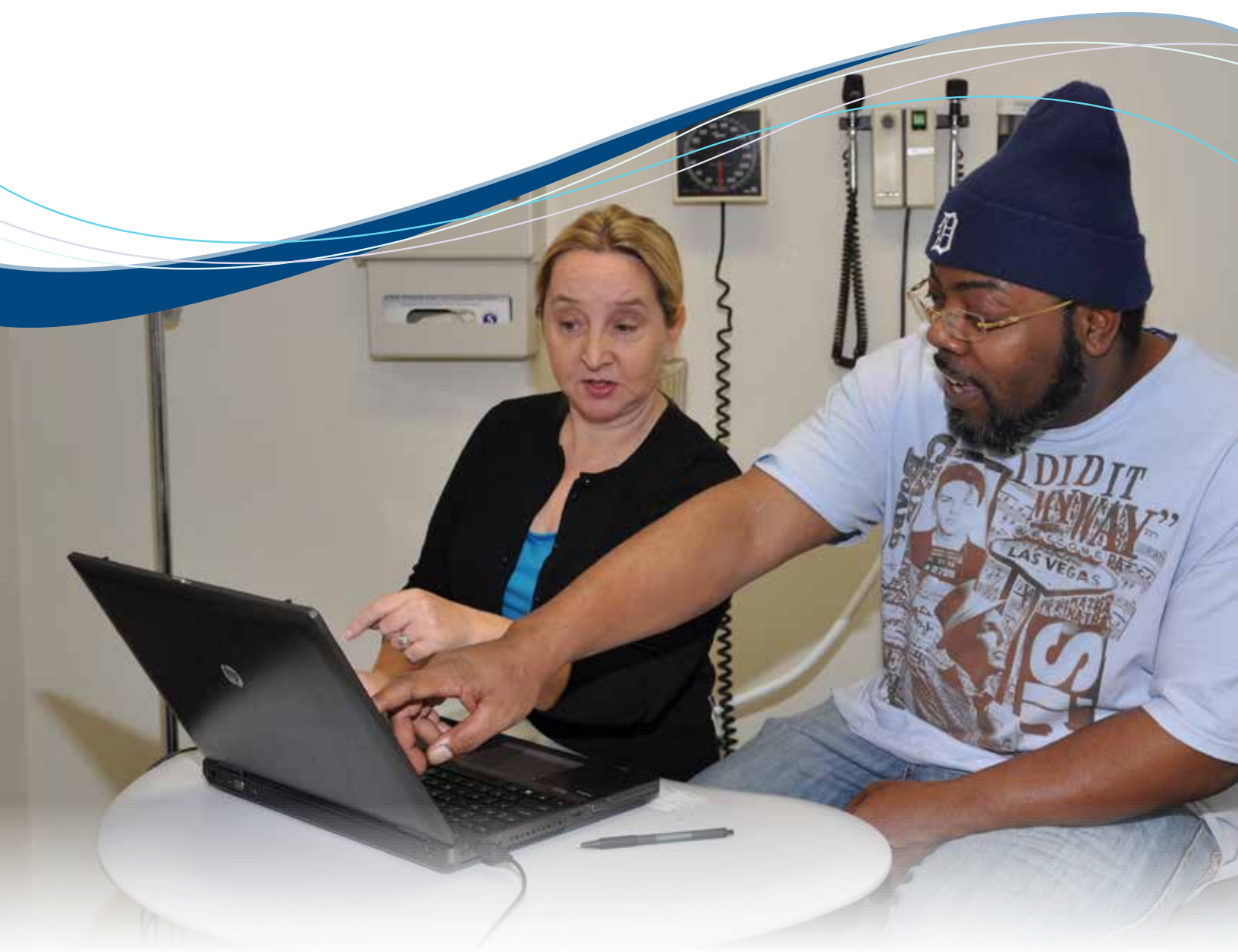
We seek to fund innovative projects; this can mean applying a previously developed innovation to your setting or developing a new and promising intervention. Projects will be judged by:

- Significance of the project in relation to improving access to specialty medical care services and patient health status
- Evidence of feasibility and effectiveness, if available
- Potential to be replicated in other settings
- Sustainability beyond the grant period
- Quality of invited proposals

Examples of strategies

We encourage applicants to employ whatever strategy helps achieve the aim of this funding proposal. A similar initiative from the California Health Foundation listed three broad approaches that can be used to improve access to specialty services:

- Reduce the demand for specialty care
- Expand the supply of available services
- Strengthen the coordination of care



Evaluation

An important part of this program will be learning from the achievements of the projects and sharing the results in order to expand the capacity of all safety net clinics to assist patients with medical specialty service needs. To that end, all projects selected for funding must include a process and outcomes evaluation. The letter of interest should discuss the general evaluation approach with further details to be provided in a full application.

Examples of innovative programs can be found on the Agency for Healthcare Research and Quality Health Care Innovations Exchange website, **innovations.ahrq.gov***, the California Healthcare Foundation, **CHCF.org***, and in the innovations sections of the journal *Health Affairs*.

* Blue Cross Blue Shield of Michigan does not control this website or endorse its general content.

D. Eligibility

This initiative is targeted to a subset of safety net providers, specifically the types of clinics described in the table below. Organizations or clinics that received 2014 Strengthening the Safety Net grants are eligible to apply; other current grantees (those currently conducting a project paid for by the Blue Cross Blue Shield of Michigan or the Blue Cross Blue Shield of Michigan Foundation) are not eligible. If you have a question about your eligibility please send an email with the name of your organization in the subject line to **SpecialtyAccess@bcbsm.com**.

Free clinics	Free and charitable clinics are safety net health care organizations that use a volunteer-staff model to provide economically disadvantaged individuals with a range of medical, dental, pharmacy, vision or behavioral health services. Entities that otherwise meet the above definition, but charge a nominal, sliding fee to patients may still be considered free or charitable clinics as long as essential services are delivered regardless of the patient's ability to pay. Free or charitable clinics restrict eligibility for their services to individuals who are uninsured, underinsured or have limited or no access to primary care, specialty care or medication.
Hybrid clinics	These are health clinics that primarily serve the uninsured and underinsured and are neither free clinics nor federally qualified health centers. They employ health care professionals to provide clinical services and have a board-certified physician serving as medical director.

Federally qualified health centers	Grant-supported, federally qualified health centers are public and private nonprofit health care organizations that meet certain criteria under the Medicare and Medicaid programs [respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the federal Social Security Act] and receive funds under the Health Center Program Act (Section 330 of the Public Health Service).
Look-alike health centers	Nongrant-supported health centers are those that have been identified by HRSA and certified by the U.S. Centers for Medicare and Medicaid Services as meeting the definition of "health center" under Section 330 of the PHS Act, although they don't receive grant funding under Section 330. They're referred to as "look-alikes."
Tribal health centers	These are outpatient health programs and facilities operated by tribal organizations (under the U.S. Indian Self-Determination Act, P.L. 96-638) or urban Indian organizations (under the U.S. Indian Health Care Improvement Act, P.L. 94-437).
Rural health clinics	Rural health clinics are certified facilities located in an area defined by the U.S. Census Bureau as "nonurbanized," which is defined as an area with a population of fewer than 50,000 and designated by the U.S. Department of Health and Human Services as having a shortage of personal health care services or primary care medical services. In addition, facilities must be certified by CMS as meeting relevant requirements involving physical plant, personnel credentials and staffing, licensure, governing policies, medical services and referral arrangements, as specified in the Rural Health Clinics Act – P.L. 95-210, to participate in the program.

In addition to being one of the targeted clinics listed above, providers must meet these additional criteria:

- Serve a majority of patients who are low income and are either uninsured, underinsured, covered by Medicaid or newly insured under the ACA
- Have a mission to serve low-income, uninsured or underinsured patients
- Be recognized by the Internal Revenue Service as a 501(c)(3) organization or be a community-based nonprofit organization paired with a 501(c)(3) organization serving as fiduciary
- Provide direct medical services
- Provide services at low or no cost to the patient
- Have a board-certified physician serving as medical director
- Be in good standing regarding all previous Blue Cross Blue Shield of Michigan or Blue Cross Blue Shield of Michigan Foundation grants

The following organizations and individuals are not eligible to receive grants under this program initiative:

- For-profit organizations and organizations or individuals not located in Michigan
- Safety net organizations whose executive staff includes employees of Blue Cross Blue Shield of Michigan or any of its affiliates or subsidiaries, or their immediate family members

E. Program Funds

The Foundation and the Social Mission department have jointly allocated $200,000 to fund two or three projects for up to two years each. Program funds will be available for salary support, program costs, supplies and other costs related to the proposed project. Computer equipment, including PC hardware and software, aren't supported unless they're directly related to the aim of the proposed project.

F. Letter of Interest

To be considered for this initiative, please email your letter of interest packet by March 6, 2015, to the email address below. Staff from the Foundation and the Social Mission department will review the letters by April 10, 2015, and determine which projects will be invited to submit full proposals.

Please submit electronic documentation in Word or PDF formats. Submissions should contain the following information:

- Completed *Letter of Interest Cover Sheet* (may be downloaded from **bcbsm.com/safetynet**)
- Letter of interest (three pages, double-spaced, 12-point font size) that includes:
  - A description of the proposed project briefly addressing the aims of the program
  - An overview of the objectives, expected effect and measurement of the project
  - Estimate of funds needed for the project and expected duration of the project
- Copy of resume or curriculum vitae of the project director or individual responsible for program implementation and evaluation

Projects must be conducted in Michigan by Michigan providers. As previously noted, a credible evaluation will be an important component of this initiative. It is the intent of the Foundation and Social Mission department that successful projects be disseminated and replicated in communities throughout the state of Michigan. Additionally, we would like program results to be relevant to all organizations concerned with the health of their respective communities.

The Foundation and the Social Mission department will invite selected applicants to submit a full proposal by April 10, 2015. Interested parties are encouraged to contact the Foundation or the Social Mission department with questions. Please email your questions to **SpecialtyAccess@bcbsm.com**.

Letter of interest packets must be received by 5 p.m., March 6, 2015.
Packets should be emailed to:

SpecialtyAccess@bcbsm.com

Please include the name of your organization in the subject line of your email message.

G. References

ML Barnett, Z.Song, BE Landon, Trends in physician referrals in the United States, 1999-2009. Arch Intern Med. 2012 Jan 23;172(2):163-70. doi: 10.1001/archinternmed.2011.722.

Lisa Canin and Bobbie Wunsch, Specialty Care in the Safety Net: Efforts to Expand Timely Access. Prepared for California Healthcare Foundation and Kaiser Permanente Community Benefit Programs,May 2009. **chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/S/PDF%20SpecialtyCareOverview.pdf***

Michigan Health Systems Seek Cure For Dearth Of Doctors, **kaiserhealthnews.org/news/michigan-doctor-shortage/***, accessed April 21, 2014

Michigan Association of Primary Care, Survey of Specialty Medical Needs by Michigan FQHCs, unpublished private survey, Oct 23, 2014.

Katherine Neuhausen, Kevin Grumbach, Andrew Basemore and Robert L Phillips. Integrating Community Health Centers into Organized Delivery Systems Can Improve Access to Subspecialty Care. Health Affairs, 31, no.8 (2012): 1708 -1716.

MM. Doty, MK Abrams , SE Hernandez , K. Stremikis, AC Beal. Enhancing the capacity of community health centers to achieve high performance: findings from the 2009 Commonwealth Fund national survey of federally qualified health centers (internet) New York (NY): Commonwealth Fund; 2010 May. **commonwealthfund.org/publications/fund-reports/2010/may/enhancing-the-capacity-of-community-health-centers-to-achieve-high-performance***

* Blue Cross Blue Shield of Michigan does not control this website or endorse its general content.