



**2019 Innovation Fund
Q3 GMCB Report Deliverable**

To date in 2019, OneCare has awarded funding to eight innovation projects. A brief description of the projects, funding amounts, and program metrics are included in the table below (note round two awardees metrics are currently under negotiation) and followed by requested information on the selection criteria, progress to date, and anticipated changes for 2020.

Description of Project	Program Metrics
<p><u>Psychiatric Urgent Care for Kids</u> An intensive behavioral support program that will serve as an alternative to the emergency room for children from Bennington presenting with an urgent mental or behavioral health issue while at school. Funding amount: \$124,660</p>	<p>Reduce emergency department admissions for children from the pilot elementary school(s)</p> <p>Improve the patient experience as reported in patient satisfaction data</p>
<p><u>Building Strong Families Clinic</u> Building Strong Families clinic in Burlington’s Old North End will provide community-based care for children 0 to 5 years old from New American families. Through this project, The University of Vermont Children’s Hospital’s Pediatric New American Clinic (PNAC) will spearhead a community-based clinic for 0- to 5-year-old well child care and will partner with Janet S. Munt Family Room to hire and train Family Strengthening Workers (FSWs) to increase families’ overall wellbeing through group-based guidance on a range of topics. By connecting FSWs to families experiencing poverty, employment, housing, and related stressors, medical providers essentially “wrap” the family within a holistic approach that aims to address not only acute needs but the root causes of medical conditions. Funding amount: \$245,223</p>	<p>Quality metrics: well/preventive care; screenings for early childhood development (ASQ), autism (MCHAT), and social determinants of health</p> <p>Parent/family knowledge in specific topics such as parenting, nutrition, and others, parent comfort with the medical and social service system, and parent health literacy.</p> <p>Participation in family anticipatory guidance sessions, referrals to family support workers,</p> <p>Assessments of parental resilience and well-being (e.g. PHQ-9, GAD-7, SSS-8, PHS-15)</p>
<p><u>Ocular Telehealth in Primary Care</u> Will use technology to provide eye care for adult patients with diabetes. The project will supply cameras to rural Addison county primary care clinics that take automated retinal images for the annual eye exam for patients with diabetes. The images will be read and feedback provided by a retinal specialist. Funding amount: \$111,864</p>	<p>Screening for diabetic eye exams</p> <p>Optometry/ophthalmology referral completions within two months</p> <p>Patient satisfaction with screening process in primary care</p>



<p><u>Wellness Plus</u> Wellness Plus is a program for patients from Brattleboro at risk for developing cardiovascular and pulmonary disease. The program uses cardiac and pulmonary rehab programs to prevent the development of heart problems in high risk patients and helping them to avoid life threatening events like heart attacks. The Wellness Plus program will help patients become more fit, stronger, and better able to make healthy choices about diet, weight loss, smoking, exercise, and stress reduction, all things that contribute to the development of heart disease. Funding amount: \$88,154</p>	<p>Final Measures Under Negotiation</p>
<p><u>TeleFriend</u> TeleFriend will provide individuals with serious mental illness (SMI) a personalized tablet-based, tele-health intervention during their first 30 days post-discharge from inpatient psychiatric treatment. The goal of TeleFriend is to reduce hospital readmissions and improve patient outcomes for people with SMI. Funding amount: \$71,613</p>	<p>Final Measures Under Negotiation</p>
<p><u>Child Psychiatric Consult Clinic (CPCC)</u> Community Health Centers of Burlington will conduct psychiatric evaluation and consultation for children and adolescents, and provide diagnostic evaluation and treatment recommendations to their primary care providers in order to promote optimal mental health outcomes and reduce child psychiatric waitlists throughout the state. Funding amount: \$74,986</p>	<p>Final Measures Under Negotiation</p>
<p><u>TeleCare Connection</u> Partnership to use technology to offer 24-hour remote monitoring with in-person professional support to individuals transitioning from hospital to home in the Burlington Health Service Area. TeleCare Connection (TCC) is an integration of Howard Center's overnight Tele-support Solution and UVMHN HHH's Tele-monitoring Program. Funding amount: \$205,381</p>	<p>Final Measures Under Negotiation</p>
<p><u>Telemedicine and Home Health for ALS Patients</u> Will provide home-based, patient-centered care to patients with amyotrophic lateral sclerosis (ALS), a neuro-degenerative disease. The proposal uses a combination of telemedicine an in-home care by visiting nurse to allow patients with ALS from across Vermont to receive care and connect with their specialists without the need to travel. Funding amount: \$143,300</p>	<p>Final Measures Under Negotiation</p>

Explain the evidence or rationale used to decide each project

All proposals are evaluated in a rigorous multistep process:

- Proposals are first screened to ensure they meet requirements:
 - Funding requests are between \$10,000 and \$250,000
 - At least one applicant must be in the 2019 OneCare Network, and, if waivers are used, at least one applicant must be a Participant in the OneCare Network
- Proposals are then evaluated by an interdisciplinary group of staff at OneCare and, if the proposal meets standards, then by a selection committee delegated by Population Health Strategy Committee (PHSC). The evaluation process uses an online evaluation tool and asks the evaluators to review the proposals against the guidelines outlined in the Request for Proposals:
 - Alignment with the 2019 Areas of Interest
 - Alignment with quadrants 2, 3, and/or 4 of OneCare's Care Model
 - Project has the potential to have a positive impact on the ACO Total Cost of Care
 - Project is not a research study; the project has a defined intervention that can be implemented during the project timeframe.
 - Project has evidence of sustainability beyond ACO funding and scalability beyond the initial community/population
 - Project is feasible to be executed during the time period outlined in the project
 - Project does not duplicate existing services
 - Degree of innovation described in the project
- Final selection of the top proposals by the PHSC selection committee considers the evaluation elements with an emphasis on:
 - Ensuring funded projects have potential to be sustainable without relying on ongoing ACO funding
 - Ensuring funded projects are scalable to other settings or communities
 - Developing a portfolio of projects that, over time, address different populations (e.g. age, socio-economic risk, geography, conditions)
 - Requested funding relative to available total funding for the round
- PHSC makes final recommendations to OneCare's Board of Managers for consideration and approval

Summary of findings and results to date:

- 1st Round: Projects commenced in May 2019; interventions began Sept/Oct 2019, thus it is too early for results from interventions.
- 2nd Round: Projects slated to commence November 2019.

Explain the changes being implemented for 2020

At this time, the main change to the Innovation Fund in 2020 will be the conversion to one round of funding, from two. Additionally, in early 2020, PHSC will review the mix of proposals funded in 2019 and consider updating the Areas of Interest to encourage proposals targeting populations, interventions or areas not met through the 2019 proposals.