# Harvard Pilgrim Health Care
# Quality Grant Program 2021
# Call for Letters of Intent

**Welcome** to the 22nd year of Harvard Pilgrim Health Care's (HPHC) Quality Grant program. This year will be similar to the 2020 format in that we will require approved Letters of Intent (LOI) before issuing invitations to apply for funding.

We will also continue with an eighteen (18) month grant cycle, providing for a longer project implementation and more meaningful measurement of your innovation efforts.

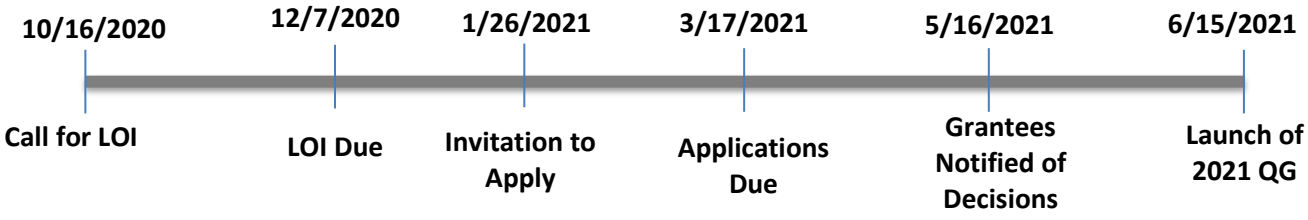
**Suggested Topics** in the table below are based on the current health care environment. These topics will be prioritized in the review process and should be considered seriously, but they remain only suggestions.

**Measurement** of your project should include measurable goals for process progress, clinical outcomes, and financial gains as they relate to health care costs and utilization and project sustainability. Project innovation measurements should be clearly related to your project goals, and if appropriate, should include data on avoidable emergency room visits and hospital readmissions. Most important are measurements that demonstrate improvement to care and care access.

**Necessary Criteria** for participating in the HPHC Quality Grant Program are:

- Applicants must be HPHC contracted clinical providers. Preferably, stakeholders should include primary care practices. Projects that support clinical integration, therefore, should be related to improvements in primary care settings.
- HPHC members must be impacted by your project.
- There must be reasonably measured clinical, process and financial measures included in the proposal
- The proposal should not request funding for services that will be billed for reimbursement during project implementation.

**Important Dates** to remember are set forth in the following timeline:



**Suggested Topics Categories with Examples**

| TOPIC CATEGORIES | | |
|---|---|---|
| **Social Determinants of Health (SDoH)** | **COVID-19 Practice Transformation for Quality** | **Behavioral Health (BH) Integration** |
| • SDoH in-office screenings<br>• Programs developed based on the identification of SDoH in patient populations.<br>• Food insecurity screening techniques<br>• Interventions addressing food insecurity<br>• Programs addressing health care gaps in underserved communities<br>• Programs that assess the impact of patients' race, ethnicity and spoken language<br>• Interventions addressing improved opportunities for health equity | • Telehealth initiatives that demonstrate measurable patient satisfaction, improved health outcomes, provider satisfaction, provider efficiency or other meaningful measures<br>• Mobile home services that address COVID-19 related and non-COVID-19 diagnoses<br>• Clinical work-around programs implemented to address care gaps resulting from decreased utilization caused by COVID I.e.: vaccinations programs, chronic disease care management, behavioral health, telehealth for COVID-19 related anxieties, etc. | • Depressions screening techniques and subsequent referrals<br>• In-practice embedding of BH clinicians for immediate evaluation and BH follow up<br>• BH follow up programs that measure engagement and/or medication adherence<br>• Substance abuse (SA) solutions for adults and adolescents<br>• Coordination of medical and BH care delivery<br>• E-health initiatives that provide BH services In-office referrals for BH |