

Equitable Health Outcomes Funding Opportunity

Maintaining the Health Care Safety Net

Because the health care system is undergoing a sweeping shift driven by rising costs, poor outcomes, and federal reform, it is moving away from traditional reimbursement methods built on individual payments for each medical service to a concept called value-based care. Value-based care is meant to encourage population health improvement and keep people out of the hospital.

The movement toward value-based care takes many forms in North Carolina. Networks called Accountable Care Organizations work to integrate groups of doctors, hospitals, and other health care providers to deliver high quality, coordinated care to a defined patient population such as Medicare recipients. Attempts to transform the health system also are reaching into neighborhoods to coordinate clinical care with social services and community-based organizations. This model is referred to as Accountable Care Communities. Accountable Care Communities aim to address some of the underlying drivers of poor health outcomes such as food insecurity, substandard housing, inadequate transportation, and interpersonal violence.

The Trust has an overarching goal of achieving equitable health outcomes. During the implementation of value-based care over the next several years, we want to ensure that populations traditionally suffering the worst health outcomes, especially low-income people and racial minorities, are directly engaged in reform efforts and have an equitable opportunity to enjoy improved health and well-being.

Goal

Help maintain the viability of the health care safety net system in the state.

Strategies

Conduct broad-based communications, community education, and advocacy efforts that advance goals.

Conduct community-based evaluation, research, and planning that engages residents in the process to collect data, identify gaps, and determine best practices to address goal.

Opportunity Details

As the [health system shifts to new payment models](#), we know that financially vulnerable residents including the uninsured and underinsured will suffer disproportionately from a lack of access to care. That is why it is imperative in this time of transition to maintain the health care safety net system in the state. It is critical that federally qualified health centers, free and charitable clinics, rural health centers, public health departments, and other safety net providers have the capacity to pivot with new payment systems. The Trust has an interest in helping safety net organizations adapt to value-based care.

The current COVID-19 pandemic highlights existing disparities in our state, and we are seeing the impact of underfunding public health, which makes responding to the current crisis more difficult. Residents need reliable information, and human service organizations need guidance. Providing unbiased information, translating between local communities and state and federal agencies, and acting as a coordinator and strategic planner are all roles filled by public health departments. The Trust wants to strengthen public health in the state to support these important functions.

We are interested in proposals that employ advocacy and communications strategies to promote public health infrastructure, as well as community-based evaluation, research, and planning that engages residents in the process. We will also consider applications to convene public health departments and other stakeholders to make recommendations on how to bolster local public health in North Carolina.

Timeframe

Call-by date: September 25, 2020

Application deadline: October 8, 2020

Geographic Focus

Statewide

Contact

To schedule a conversation about this opportunity, please contact Program Coordinator Alison Duncan for an initial consultation at alison@kbr.org or 336-397-5521.