

SUSTAINING GRANT-FUNDED INITIATIVES

LESSONS FROM THE HEALTH POLICY COMMISSION'S HEALTH CARE INNOVATION INVESTMENT (HCII) PROGRAM

IMPORTANT CONSIDERATIONS FOR SUSTAINABILITY PLANNING

MISSION ALIGNMENT PATIENTS Does the program improve quality of Is there interest and satisfaction from care in ways that align with the the target population? Do the organizational mission? identified needs still exist? CULTURE CHANGE AND **LEADERSHIP BUY-IN STAFF BUY-IN** Does leadership believe in the Do frontline and/or referring staff value and impact of the program? believe in the value of program? **STAFFING** FUNDING Is the staffing model working? Are Is reimbursement from payers available \$ staff able to continue in their roles? Is to cover some/all costs? What are other there a sufficient workforce? potential funding sources?

WHAT HCII AWARDEES SAY ABOUT SUSTAINABILITY

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Being able to operationally test our model and improve its feasibility was one of the most influential factors for moving into a major expansion of the program because we felt we had constructed a model that we could stand up in the [MassHealth Behavioral Health Community Partner program].

- BOSTON HEALTH CARE FOR THE HOMELESS PROGRAM

The connection to our mission and values allowed for the organization to make a continued significant financial contribution towards the second phase of the program.

- HEBREW SENIORLIFE





LESSONS LEARNED FROM APPROACHES IMPLEMENTED TO SUSTAIN INITIATIVES LAUNCHED THROUGH THE HCII PROGRAM

MISSION ALIGNMENT



- Identify how the program addresses the needs of underserved population(s)
- Collect ongoing feedback from key internal stakeholders throughout the program to ensure alignment with goals

CULTURE CHANGE AND STAFF BUY-IN



- · Provide trainings to orient staff to new care models and address latent biases
- Develop program familiarity with non-program staff to create an environment of understanding, valuing, and supporting new programs and program staff
- Establish ongoing communication across care teams to ensure provider awareness of and comfort with the program
- Use program implementation as a catalyst to drive broader organizational culture change

STAFFING



- Assess the workforce required to support the program and dedicate sufficient FTEs
- Ensure meaningful roles for staff
- Measure the experience of both clinical and nonclinical staff
- ٠ Provide trainings to equip staff with relevant content knowledge and skills

PATIENTS



- Assess patient experience (e.g., through surveys and focus groups)
- Align the program with patient needs and adapt as necessary to ensure that there is a tangible benefit to inclusion in the program
- Gather patient stories to demonstrate the value of the program beyond the monetary impact

LEADERSHIP BUY-IN



- Engage leadership as early as possible, ideally in the program design stage
- Regularly share successes and challenges of the program with leadership (i.e., through regular quarterly meetings)
- Involve leadership in discussions about how to sustain the intervention well before the program period ends

FUNDING



- Understand the payment landscape and funding options
- Be realistic about the revenue/savings the program can achieve
- Think creatively about ways to sustain the program (i.e., using multiple funding streams, sustaining only the part(s) of the program for which funding is available)
- Share program outcomes with key stakeholders and potential future funders, including payers

The Health Policy Commission's HCII Investment Program encompassed three distinct tracks - Targeted Cost Challenge Investments, Telemedicine Pilot Program, and Mother and Infant-Focused Neonatal Abstinence Syndrome Interventions - launched from 2016 to 2018. While each program oriented around a specific set of goals, all awardees reported on their plans for sustaining their programs once their respective funding periods ended. These insights, drawn from business planning reports, awardee interviews, and final self-assessment plans, capture experiences from across HCII awardees that successfully sustained their programs beyond the HPC-funded Implementation Period.





