



Healthcare Access Mobility Design Challenge

A Federal Ladders of Opportunity Initiative

Applications due: March 27, 2015

DESIGN CHALLENGE OVERVIEW

- Do residents in your community face challenges connecting to preventive and primary healthcare, treatment for chronic health conditions, or post-hospitalization appointments?
- Has your region seen the creation of new healthcare facilities, or the consolidation of healthcare facilities away from your community, and not been able to ensure that safe, reliable, and affordable transportation is in place to get people to and from these facilities?
- When your community talks about improving healthcare outcomes, is access to transportation part of that discussion?
- Have you heard about technological advances or creative delivery models that might improve health access in your community but aren't sure how to go about adopting, evaluating, or even learning more about these?

Has your community identified challenges similar to these, and thought of innovative ways to solve these challenges, but not had the time, staff, funding, or support to develop, test, and prepare your ideas for implementation? The community grants and support offered by the National Center for Mobility Management (NCMM) Healthcare Access Mobility Design Challenge will give you the opportunity to do just that.

I. The Healthcare Access Mobility Design Challenge

The Design Challenge will assist selected communities in creating an impactful and sustainable service that addresses healthcare transportation challenges in their community. This opportunity is made possible with funding from the Federal Transit Administration through the federal *Ladders of Opportunity Initiative*; one aim of the initiative is to leverage healthcare and transportation partnerships to improve individual and family health and reduce healthcare costs.

The four healthcare access challenges that will be the focus of the selected teams' work are:

1. Access to preventive care, primary care, and/or health education opportunities
2. Access to ongoing dialysis treatment for people with end stage renal disease
3. Access to post-hospitalization medical appointments, rehabilitation therapy, and other services to help people avoid re-hospitalization
4. Access to behavioral health treatment

The NCMM will competitively select eight (8) community-level teams to work on these four problem areas through the six-month Challenge period. These teams will receive both grant funds of up to \$25,000 per team and technical assistance to take a potential solution from concept to implementation. Prior to applying, applicants should have conducted both primary and secondary research on one of the healthcare access problem areas. They should also have identified at least two potential solutions to explore during the Design Challenge. This pre-application work can be completed during the period between this announcement and the deadline for applying to the Challenge. NCMM will support teams through the pre-application period through two webinars and direct technical assistance.

II. Goals of the Design Challenge

Through the Design Challenge, the NCMM's goals are to

- Support communities as they design, test, and prepare ready-to-launch healthcare transportation solutions
- Identify new solutions or promising practices that may be replicated in part or in whole by communities

These goals reflect NCMM's vision of a nation in which transportation is always the link, and never the barrier, to the health and well-being of individuals, families, and their communities.

To enable this outcome, selected teams will receive grants of up to \$25,000 and direct technical assistance to

- Develop and strengthen broad-based coalitions to better link healthcare access and transportation access
- Engage community stakeholders in the design of solutions. Their participation will give each team confidence that its proposed solutions are responsive to the identified healthcare problem area in their communities.
- Prepare a business plan for implementing the solution, including a recommendation for the funding model that best promises sustainability, regardless of whether the model is a for-profit business or a nonprofit venture

III. Facts about the Design Challenge

1. Eight communities will be competitively chosen to participate in the Design Challenge.

Note: For the purposes of this project, NCMM is open to what constitutes a community so long as it is defined in the application. Community may include, but is not limited to, a formal or informally defined region, tribal nation, multi-county region, single county, city/town, neighborhood, or corridor.

2. Each community will be represented by a coalition of professionals from transportation, healthcare, mobility management, technology, and *other fields, as the team determines is appropriate*, as well as patients and caregivers. (Review the [Team Application](#) for more information about team composition.)
3. Each team will choose one of the four healthcare access challenges listed above as the focus of its Design Challenge project.
4. The teams will use several *design thinking* activities and tools to prepare a sustainable, customer-responsive solution. Design thinking is a human-centered, team-based approach to addressing challenges. Design thinking activities are grounded in an exploration of the problem from the customers' perspectives. (*Note: A customer is broadly defined as the person or group on whose behalf you are solving a challenge. Customers might be patients, caregivers, social workers, medical center staff, drivers, etc.*). Design thinking values consideration of a wide range of innovative solutions, as well as testing and iterating those solutions.

During the pre-application period, NCMM expects proposing teams to

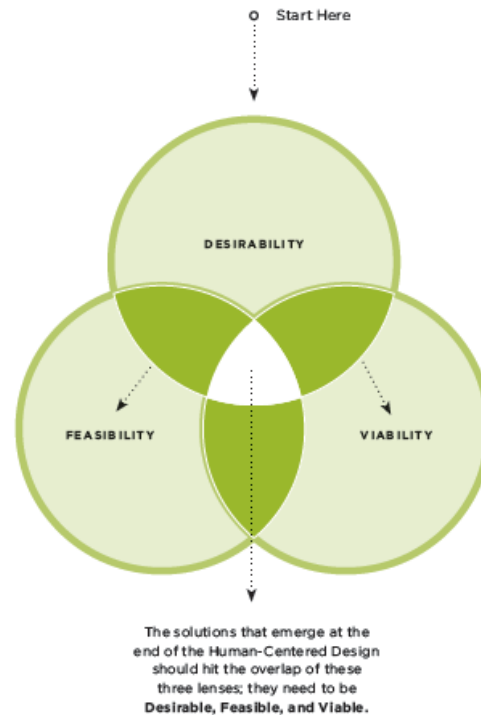
- a. Conduct primary research (e.g., through interviews, observations, other original research) to deeply understand the experience of patients and others affected by healthcare access barriers within the chosen challenge area. This research will supplement secondary research (e.g., using Census data, other existing data sources) the team has gathered.
- b. Explore a wide range of ideas, then narrow down those ideas to at least two proposed concepts that a team believes might solve the healthcare access barriers identified

NCMM will conduct webinars and provide direct technical assistance during the pre-application period to assist communities in these research and brainstorming phases.

Once selected, teams will develop their two (or more) proposed solution concepts, invite potential customers and partners to provide feedback and help strengthen the concepts, and then choose one concept to prepare for implementation.

5. Each of the eight communities will receive up to \$25,000, paid to the lead applicant, that may cover the following:

- Local team member travel for participatory design/co-design sessions with individuals, stakeholder meetings, and other data-gathering activities
- Personnel costs related to project activities
- Expenses related to convening the team and larger groups of stakeholders
- Development of communication materials and low-cost visual representations of concepts. This activity may include the cost of consultants and vendors.
- Production of a final report on the outcomes of their work



Source: IDEO *Human-Centered Design Toolkit*

IV. Team Work and NCMM Support

During the Design Challenge, selected teams will work through a two-phase process with the goal of preparing one healthcare access solution for implementation. In Phase 1, each team will reach out to potential customers and partners to learn about the strengths and weaknesses of each of the solutions proposed in the application. Phase 1 concludes with the team forming a single solution to take into Phase 2. In Phase 2, teams will learn about and strengthen their proposed solution, then finalize a business plan that provides a roadmap for customer outreach and marketing, operations, and financial sustainability. The purpose of these two phases is for each community to have confidence that it has crafted a solution that will be 1) wanted by customers, 2) operationally and technologically feasible, and 3) financially viable and sustainable (*see above graphic*).

Phase 1 – Testing Possible Solutions

Timeframe: May through July 2015

Activities: Each team will simultaneously explore its two (or more) proposed healthcare access solutions. During this phase, teams will test and strengthen their concepts through interaction with potential customers and other stakeholders using low-cost visual representations (e.g., drawings, storyboards, videos) of their concepts and other communication. This interaction, along with other research, will allow teams to actively test their assumptions about the proposed solutions. Here are types of questions that teams may choose to explore:

1. Will there be sufficient customers who will want to use our solution? If so, how could our solution better respond to their needs?
2. What will the response of community partners be to our solution? Will they see it as helping them solve the specific healthcare access challenge they face?
3. What type of technology will we need? Is it available? Can it be procured, shared, or created?
4. What kind of staff support will we need? Will other partners need to play a role?
5. What will it cost to deliver the solution? How can we be sure we will have sufficient revenue to cover our costs?
6. Will there be funders who would be interested in financially supporting the solution? What are these potential funding sources?
7. What agreements will we need to have in place before we can launch our solution?

Based on its learning during this first phase, each team will move from its two proposed solution concepts to a single concept to take into Phase 2 of the project. This single concept may be a revised version of one of the originally proposed concepts or a hybrid of the best parts of the two concepts.

Team Deliverables:

1. Phase 1 summary document that lists all major activities conducted, lessons learned, key results, and progress on performance measures (see *V. Evaluation and Performance Measures*, below)
2. Description of the single solution the team will explore during Phase 2
3. Draft business plan that provides an initial roadmap for customer outreach and marketing, operations, and financial sustainability
4. Reimbursement reporting forms from each lead agency

NCMM Support:

- An NCMM process facilitator will conduct a one-day, on-site workshop for each team to provide training, assistance, and planning support for Phase 1 activities.
- NCMM staff will provide ongoing technical support to each team throughout the phase, providing guidance as teams conduct research, field test, learn, and evolve their proposed solutions.

Phase 2 – Planning for Solution Launching

Timeframe: August through October 2015

Activities: Each team will take a single proposed solution and conduct activities to learn how to strengthen it to ensure customers will use the solution, it can be implemented, and it can be financial supported initially and over time. Each team will

1. Test their assumptions through outreach with potential customers and other research
2. Adapt the offering based on the results
3. Update its business plan
4. Prepare and deliver a presentation (or “pitch”) describing the solution, to be shared with other Design Challenge teams, as well as NCMM and FTA staff

Team Deliverables:

1. Final business plan with operational, marketing, and financial components
2. Presentation or “pitch” describing the solution
3. Phase 2 summary document that lists all major activities conducted, lessons learned, key results, progress on performance measures, and next steps for taking the solution to implementation
4. Reimbursement reporting forms from each lead agency

NCMM Support:

- NCMM process facilitators will teach, guide, and provide templates to be used in Phase 2 activities.
- NCMM staff will provide ongoing technical support to each team.

Beyond the Design Challenge

NCMM will continue to provide assistance to the coalitions beyond the grant cycle through the [NCMM Regional Liaison](#) program.

V. Evaluation and Performance Measures

Applicants must commit to implementing, tracking, and reporting on their learning about their proposed solutions and progress in meeting overall measures of performance.

Evaluation of Proposed Solutions

One benefit of the Design Challenge is that teams will focus on learning about the strengths and weaknesses of their two (or more) proposed solution concepts. Learning activities involve planning and executing experiments with customers and other stakeholders. The data gained from these experiments will reveal ways to strengthen the solutions. Each team will develop its own plan and a scorecard for testing the assumptions that pertain to its project. NCMM will work with the teams to customize their plans and scorecards.

Performance Measures

Since this project has the goal of creating healthcare access mobility solutions that have been vetted and improved well before launch, all teams will be measuring the extent to which their selected solution

- 1) Appeals to and has practical application for potential users (*desirability*)
- 2) Can be launched and operated (*operational feasibility*)
- 3) Can secure sufficient backing from funders and revenue from customers to cover the costs of delivering the solution (*financial sustainability*)
- 4) Demonstrates potential to provide benefits to the community, such as improved health outcomes for people, greater community well-being, reduced healthcare costs, and better utilization of public and private funding (*return on investment*)

Early in the project, each team will come up with its own measures that correspond to the four areas listed above. NCMM will work with each team to set target objectives and determine a method for measuring their progress toward those targets.

VI. Team Application

Access the Team Application through the NCMM website (<http://www.nc4mm.org>) or directly at <http://www.nc4mm.org/Challenge>.

VII. Key Dates and Related Information

Activity	Date
To learn more about the Design Challenge, join our conference call.	Fri., February 13, 2:00 p.m. Eastern Time Register at: https://ctaa.formstack.com/forms/challenge

Proposal due date	Fri., March 27, 9:00 p.m. Eastern Time
Notification of acceptance	Thurs., April 16
Kickoff webinar for selected teams	Wed., April 28, 2:00 p.m. Eastern Time
NCMM staff member attends each grantee site to provide support	Between April 30 and May 27: Date to be suggested by each team in its application

Send team application to: Pamela Friedman, Senior Program Specialist
 National Center for Mobility Management
friedman@ctaa.org
 Send application by e-mail only.

Format of application: Send the application in a Word file.

Questions/clarifications: National Center for Mobility Management
 Carolyn Jeskey, jeskey@ctaa.org
 Amy Conrick, conrick@ctaa.org

VIII. Minimum Requirements

ALL of the requirements listed below must be met in order for an application to be forwarded to the Review Committee.

1. Complete application must be received by email by the deadline.
2. Total grant funds requested cannot exceed \$25,000.
3. A Qualified Organization must submit the application. Qualified applicants include private nonprofit organizations and government agencies that are eligible to receive federal grant funds.
4. The application includes all required team members as listed in the Team Application Instructions. Please be sure to review the listing of required core team members. This is available at <http://www.nc4mm.org/Challenge>.
5. The team proposed at least two solutions.
6. All core team members are able to attend the local one-day workshop.

IX. Screening and Review Process

Screening: All applications received will be screened to determine that the above minimum requirements have been met. Those applications that meet the minimum requirements will be forwarded for review.

Review Process: A Review Committee will evaluate the proposals based on the evaluation criteria specified below. Awards will be made through a competitive process to qualified applicants. First priority will be given to the top scoring applications in each of the four focus areas:

1. Access to preventive care, primary care, and/or health education opportunities
2. Access to ongoing dialysis treatment for people with end stage renal disease
3. Access to post-hospitalization medical appointments, rehabilitation therapy, and other services to help people avoid re-hospitalization
4. Access to behavioral health treatment

Consideration among top scoring applications will be given to have both geographic (rural, suburban, urban, etc.) and “community” variety.

Application Evaluation Criteria (Total: 100 points)

A. Understanding of the Challenge (Value: 20 points)

Drawn from the team application, specifically primary research and secondary research in Part I

- To what extent did the application demonstrate team understanding of the challenge?
- To what extent did the application demonstrate that team members learned about customer and community perspectives on the challenge through primary research, such as conversations with or observations of target customers and related stakeholders?
- To what extent did the application demonstrate team exploration of the challenge from secondary research, such as examination of existing data or learnings from other communities?

B. Prior Work (Value: 5 points)

Drawn from the team application, specifically prior work in Part I

- To what extent did the application demonstrate that the community has previously worked to address this challenge or a related challenge?

- To what extent have any of the proposed team members worked together previously on healthcare issues, transportation issues, or other challenges?

C. Innovativeness of the Solutions Proposed (Value: 20 points)

Drawn from the team application, Part II: Our Proposed Solutions, as well as Attributes of a Good Solution in Part I.

- To what extent do the proposed solutions appropriately respond to the team's chosen problem area described in Part 1 of the application?
- To what extent do the proposed solutions refer back to the attributes/criteria listed in the application?
- Are the proposed solutions innovative? For instance,
 - Do the proposed concepts offer a new service or product to existing customers?
 - Do they offer new services to a new customer market?
 - Do they offer a unique take on solving the challenges identified?
 - Do they offer a new way of doing business?
- Are the proposed two (or more) solution concepts sufficiently different from each other? (The purpose of having distinct solution concepts is to de-risk the innovation project; the phrase "don't place your eggs in one basket" is applicable here.)

D. Potential Impact (Value: 15 points)

Drawn from the team application, Part II: Our Proposed Solutions and Part III: Anticipated Impact

- To what extent did the application convey the potential positive impact on people, systems, and/or the community through implementation of the proposed solutions?
- What is the magnitude of impact in the community (e.g., how many people or organizations could be impacted? Will that impact be significant?)

E. Commitment of Core Team Members (Value: 20 points)

Drawn from the brief statements from each team member

- To what extent do the individual team members seem committed to solving this healthcare access mobility challenge?
- To what extent do the individual team members seem committed to participating in all aspects of the Design Challenge?

- To what extent do individual team members see a role for themselves (e.g., bringing their network to the table, offering unique skills and experiences) in participating with their team in this Challenge experience?

F. Organizational Capacity **(Value: 15 points)**

Drawn from the transmittal/commitment letter, and the quality of the overall application

- To what extent did the applicant provide evidence of the organization's capacity to undertake this project and complete all required deliverables within the grant period?

G. Budget **(Value: 5 points)**

Drawn from the Budget Form and Budget Narrative

- To what extent is the budget reasonable?
- To what extent does the budget support prospective activities?

Notes:

1. The Budget Narrative requests specific information regarding in-kind support to be provided by the applicant organization (e.g., supplementing project staff salaries) and/or key partners. In-kind support may include providing staff support, free meeting space, meeting refreshments, postage, etc. In-kind support is encouraged but not required.
2. Budget categories include personnel, meeting costs, travel, consultant services (e.g., artistic/graphic illustration, video production and editing, design services), other direct costs (e.g., teleconference, telephone/fax, printing, office space) and indirect costs (with documentation regarding the indirect rate).
3. Grant funds are provided to support planning and development activities. Direct services may not be supported with grant funds. In addition, vehicles or equipment of any kind may not be purchased.

The National Center for Mobility Management (NCMM) is a national technical assistance center created to facilitate communities in adopting mobility management strategies. The NCMM is funded through a cooperative agreement with the Federal Transit Administration, and is operated through a consortium of three national organizations—the American Public Transportation Association, the Community Transportation Association of America, and the Easter Seals. Learn more at: www.nationalcenterformobilitymanagement.org or www.nc4mm.org.