



CALIFORNIA  
HEALTHCARE  
FOUNDATION

# Funding Innovation for the Safety Net

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Grantmakers in Health  
November 3, 2011

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# Innovations for the Underserved Program

- Understand safety net provider and payer needs/pain points
- Focus on dramatic reductions in cost, improvements in access
- Find solutions in commercial markets or other states
- Try to “make a market” between companies and safety net providers
- Focus on sustainability and scalability of solutions
- Use a range of tools – grants to equity



WHO WE ARE

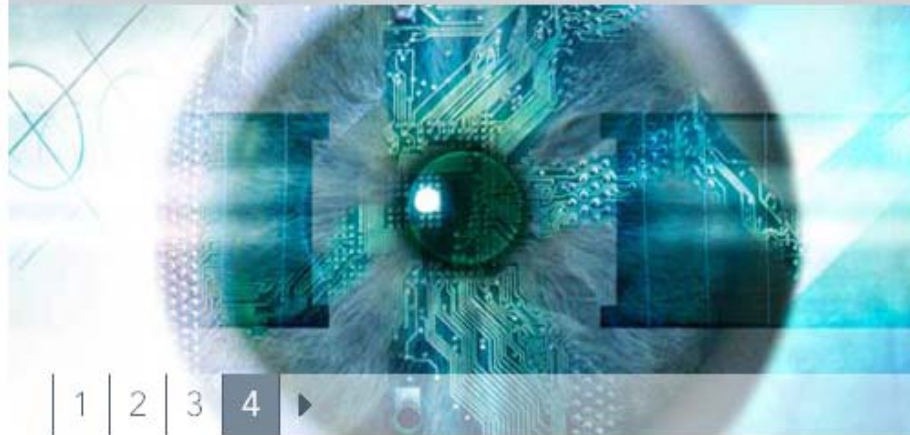
WHAT WE DO

BROWSE

GRANTS

MEDIA

## Innovations for the Underserved Program



### Screening to Save Sight

Cameras and web-based software enable primary care physicians to send images (rather than patients) to optometrists, leading to low-cost, earlier detection and prevention of diabetes-related blindness.

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### STAFF

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### Data-Driven Decisions in Asthma Care

CHCF invests in Asthmapolis, a technology-based innovation that combines sensors with asthma inhalers to provide tailored information through mobile phones to people living with asthma.



### Startups Set to Improve Health

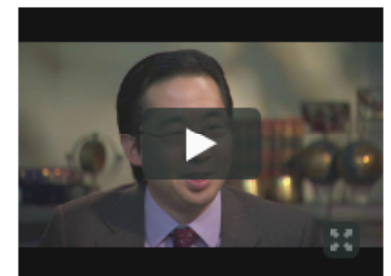
The William J. von Liebig Center has awarded five technology ventures \$100,000 each to take their ideas for addressing care shortcomings from prototype to production.

THE CHCF  
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# CHCF Innovation Fund

## INNOVATIONS FOR THE UNDERSERVED



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INVESTMENT 249,500 2011

### ASTHMAPOLIS

GPS sensors and mobile app helps patients map and track asthma symptoms, triggers and inhaler use.



GRANT \$550,000 2011

### VON LIEBIG ENTREPRENEURISM CENTER

Funding and business mentoring for selected researchers developing technologies to reduce health care costs.



HYBRID \$149,500 2011

### SIRUM

This technology-based social venture redirects usable surplus drugs to provide medicine for those in need.



GRANT \$485,000 2009

### UCSF PRACTICE INNOVATION NETWORK

A kiosk-based application for UTIs has morphed into interactive diagnostics for multiple conditions.



GRANT \$3.05M 2009

### CENTER FOR CONNECTED HEALTH POLICY

CCHP works to enable expansion of telehealth services to improve access, quality, and efficiency.



GRANT \$760,000 2009

### STANFORD UNIVERSITY BIODESIGN PROGRAM

A CHCFBiodesign partnership focuses on developing new biomedical technologies for safety net populations.



GRANT \$2.6M 2007

### UCB RETINOPATHY SCREENING

This program improves access to diabetic eye screening and reduces vision loss in safety net populations and diabetic patients.



GRANT \$3.67M 2005

### HEALTH CARE INTERPRETER NETWORK

Using telehealth technology, public hospitals collaborate to provide lower-cost interpreter services.

# Innovating to lower cost

- Devices/technologies/services that allow care to be delivered in lower-cost settings of care, or by lower-cost personnel
- Technology/service models to extend provider capacity
- Improved infrastructure efficiency
- Price transparency for consumers



# Using technology to “upskill” workers



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## One Solution To Manage Healing.



*Intuitive Assessment Tools*

*Personalized Wound Dressings*

*Real Time Feedback*

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The Personalized Woundcare System (PWS) gives nurses, physicians, and patients the resources to deliver high quality care at every step of in-home chronic wound treatment. For the first time, you can connect to a single, integrated suite of IT-enabled services for streamlined assessment and dressing selection, home delivery of personalized dressings, and clear, timely feedback reports.

We've found that linking these resources into a single solution can improve the way we care for people with chronic, hard-to-heal wounds. Learn how we've designed [Our Solution](#) to help you better manage the healing process.



## ✓ Administrators

Give your Home Healthcare Agency an advantage. PWS helps you drive quality improvement in wound care and reduce costs.

# iPhone ECG...under \$100

The screenshot displays the AliveCor website. At the top left is the AliveCor logo with a heart rate line. To its right is the text "mHealth for iHumans". Below the logo are navigation links for "Home", "Features", and "Contact". The main content area features the heading "AliveCor iPhone ECG" above an image of an iPad, an iPhone, and an iPod touch, all displaying the AliveECG app interface. The iPad screen shows "AliveECG™ Version 1.4.8" and a heart rate of 77. The iPhone and iPod touch screens also show ECG waveforms and a heart rate of 77. To the right of the device images is a registration form titled "Register for Product Updates" with an "Email address" input field and a "Register" button. Below the registration form are social media icons for Facebook, Twitter, and YouTube, along with a Facebook "Like" button showing 465 likes. At the bottom of the screenshot, the text "Copyright © 2009-2010 Alive USA LLC. All rights reserved. Patent pending." is visible.

# Tele-health for improved access



Better Access. Better Healthcare.

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**SIRUM**

what we do

our impact

get involved

questions

Supporting Initiatives to Redistribute Unused Medicine

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## MANUFACTURERS

Donate surplus medicine



## NURSING FACILITIES

Choose donation over destruction



## COUNTY GOVERNMENT

Provide safety-net for the uninsured



## COMMUNITY CLINICS

Access new sources of medicine

## Skilled Nursing Facilities

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# ENROLL 2014 **UX** WELCOME TO COVERAGE

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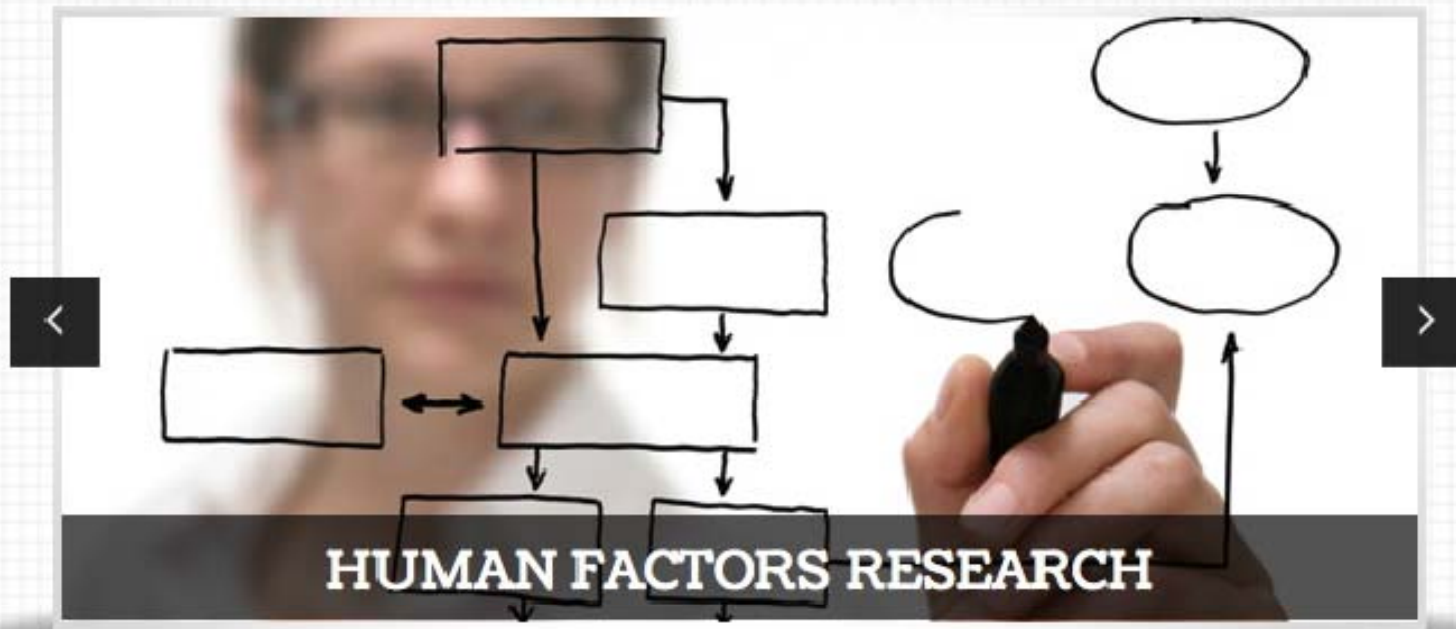
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The Enroll UX 2014 project will provide federal and state governments with a human-centered user experience (UX) design for health insurance exchanges. The design will help people better understand and connect with coverage.



[www.ux2014.org](http://www.ux2014.org)

# The Innovation Environment

- Technology is maturing
  - CTN for bandwidth
  - The cloud
  - Low development cost for mobile/apps
  - EHR implementation
- Policy is evolving
  - AB415 signed
- Implementation challenges still significant
  - Culture – “not invented here,” “won’t work for our customers”
  - Integrating with EHR

# Opportunities

1. Controlled or lower cost
2. Convenience for patients
3. Better quality
4. Rapid learning for providers and patients



# Challenges

1. “Not invented here”
2. How do we pay?
3. How do we support it?
4. Will the providers/consumers use it?