ASET: Unconnected Healthcare Providers Health Information Exchange (HIE) Grant Program Application.

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Application Date: 11/16/2012

Amount Requested: $99,953.00

Attachments: Project Lead's Resume
Project Budget
Joint Applicants Letter of Support

Project Description

Historically, the behavioral health system in the State of Arizona has been complex and difficult to navigate. With a high demand for mental health services comes an equally pressing demand for behavioral health services providers. Given the environment of reduced and ever-shrinking financial resources, clients in serious need of services often do not receive the attention they deserve. Bayless Healthcare Group is attempting to change the traditional approach to behavioral healthcare by designing cost-efficient, yet client focused models that address these important needs.

Founded in 1977, Bayless Healthcare Group (BHG) operates one integrated health clinic in Central Phoenix and another satellite outpatient behavioral health clinic in South Phoenix. BHG specializes in creating individualized, client-centered programs serving children, adolescents, adults and senior citizens. BHG is recognized as a leading resource for early childhood development, outpatient child and family services, adolescent substance abuse treatment as well as geriatric psychology. BHG operates with the mission that people of all ages, ethnicities and socio-economic levels deserve the best in health services.

Currently, BHG is the largest provider of community based, behavioral health services for ALTCS members in Maricopa County. The BHG behavioral health delivery scope includes the integration of master's level or higher, qualified mental health practitioners into residences, facilities, primary care locations as well as our clinics to assess and create treatment plans for patients in collaboration with primary care physicians, skilled nursing staff, care advocates, case managers and other community providers. Through our commitment to quality service and responsiveness, we have developed an excellent reputation among health plan members, community providers, and our patients.

In 2009, a behavioral health program between BHG and Maravilla Care Center (MCC) was created with the intent to decrease their inpatient hospital recidivism as well as create a patient centered care model for the most complex psychiatric long term patients in Maricopa County. MCC is a 152 bed long term care community that provides high quality, personalized medical nursing services for seniors with serious illnesses or disabilities twenty-four hours a day. It offers three secured neighborhoods to provide specialized care to residents living with multiple psychiatric and medical needs; one secured neighborhood for those living with Alzheimer's and other psychiatric diagnoses; and one neighborhood dedicated to long term care and rehabilitation.

In order to bridge the informational gap between MCC, ALTCS health plans, and health care providers, BHG made a decision to develop a proprietary information portal in 2010. This health information exchange portal called, ClearCare Portal [tm], securely shares health records with community providers while pairing with the BHG mobile electronic health record by Credible Wireless by importing and exporting records in a simplified comma-separated values (CSV) format.

Geographic area and demographics of population(s) served.

Geographically, BHG provides services to all of Maricopa County and extending to outside counties such as Pinal County. BHG provides behavioral health services, including psychiatric medication monitoring and psychotherapy, in the community where people reside. This constitutes providing services to clients in their own home, assisted living facilities, skilled nursing facilities, group homes, schools, and in senior centers. Currently, BHG provides on-site services in over 30 assisted living centers and over 40 skilled nursing facilities. We also offer in office appointments in one of our two outpatient clinics located in Central Phoenix and South Phoenix. Approximately, 50% of our psychiatric services are provided in office, while the other 50% are provided in the community. BHG obtains referrals by many medical providers, long term health providers and plans, community health centers, employers, school districts, Child Protective Services, and the Department of Developmental Disabilities, as well as being sought out by patients and their families across the valley.

Demographically, BHG serves a diverse population from zero to end of life and of all economic backgrounds. The general residential populations we serve are children and the aged that are the un- and under-insured and those living at and below 200 percent FPL. Currently, the majority of BHG clients are either under 18 years of age, or older, over 50 years of age. BHG provides clinical consultation and oversight in four ALTCS facilities that are considered behavioral inpatient units. These units consist of ALTCS clients that need a higher level of care not only due to their medical and physical conditions, but also their mental and behavioral challenges in which the standard facility cannot handle appropriately. One type of unit that BHG provides clinical oversight includes clients that have cognitive impairments, with such diagnoses as dementia, traumatic brain injury, Lewy Body, anoxic brain injury and Alzheimer's. The second type of unit that BHG provides clinical oversight would be clients with mental illnesses such as personality disorders, schizophrenia, mood disorders, and bipolar disorder. Fewer than 40% of BHG' members are treated with psychotropic medications only, while over 60% are provided psychotherapy or psychotherapy with medication management.

Description of issue/business process that health information exchange will assist with improving.

The ClearCare Portal[tm] (CCP) is an on-line, information sharing, clinical tool available 24/7/365. The CCP serves as a linkage tool between intended users (those with pre-authorized access) and a behavioral health service provider. Additionally, the CCP serves as a collecting, processing, analyzing, and information sharing system for requested health services for the behavioral and physical health needs of the individual and populations it serves.

The purpose of the CCP is to assist providers (behavioral health professionals, medical facilities/providers, schools, community centers, justice and state officials) in accessing health services and information, as well as promote collaboration between all agencies serving the community. The CCP is a system that promotes action: it exists not simply for the purpose of enrollment and gathering data, but also for enabling decision-making by fostering collaboration

in all aspects of the service plan for the individual served. The CCP aims to improve the effectiveness and efficiency of health services by improving the delivery of service, enabling intended users to make more informed decisions, and ultimately improving the individual served quality of care.

System users of the CCP are able to request clinical documentation at any time they need to view or have client copies for internal records. All clinical services provided by a provider are digitally uploaded into each client's secure file folder easily through push and pull exchange format (csv) if the provider has already adopted an electronic health record. If there has not been an electronic health record implemented by a provider, all documentation can be uploaded manually into the CCP in formats such as pdf, word, powerpoint and/or excel.

Additionally, the CCP provides a specialized behavioral observation and reporting module. This module is utilized by having information about the patient collected by trained skilled nursing staff and can be used to provide a measurable record of progress or decline while the patient resides in a facility. The information from the behavioral health module is collected about a patient in various domains: interpersonal including staff and resident relationships, personal including emotional health/cognitive health as well as medical/psychiatric responses to treatment. This information can be used in a variety of different ways to help communicate the needs of the patient. If a patient is in crisis, and observable measure is recorded, the behavioral health team will be alerted to review for further recommendations. The Behavioral Health Module can also aid in providing a summary of objective data through periods of time relevant for recommendation when change is needed to the appropriate level of care.

Describe how the HIE grant funds will enable to you meet your business objectives.

The initial benefits of this proprietary technology include the following: instant 24/7 access to clinical information for intended users from any service delivery location; reduction and elimination of administrative time spent indexing, storing, and retrieving paper health records; and better patient care through access to client history, treatment protocols, and reference information to support appropriate clinical decisions.

In the past two years, utilizing the CCP in collaboration with MCC, there were only 25 hospital admissions and none were due to psychiatric complications rather the re-admissions were entirely due to complex medical needs that the facility could not handle on site. The success of this program, has led BHG and MCC to partner on this grant initiative to expand the features and uses for Clear Care to the following:

The CCP is directly in line with the ONC initiatives for IT systems, collaboration and innovation. Specifically, as it relates to the Strategic Healthcare IT Research Projects on Security (SHARPS) the CCP has already fostered a system that is based upon collaboration, consistency, and a multi-purpose technology convergence of EHR, health information exchange, and telemedicine. By utilizing the CCP backbone of objective tracking and reporting, alignment with and integration with EMR systems, and strict adherence to patient privacy with this new level of objective information, CCP is extending the functionality of both the EMR and HIE systems.

Additionally, from a technology perspective, CCP is directly aligned with the Substitutable Medical Apps, Reusable Technologies (SMArt) effort. One goal of the SMArt project is to develop a user interface which allows "iPhone-like" substitutability for medical applications based upon shared basic components. CCP is extending that to include a native application environment for iPhone/iPad.

Lastly, CCP also is aligned with the vision of the National Center for Cognitive Informatics and Decision Making in Healthcare (NCCD). The NCCD is an awardee of ONC's SHARP Program and is charged with providing strategic leadership in patient-centered cognitive support. By using the CCP objective reporting for clinical decision support (CDS), we provide a platform for Automated Model-Based Clinical Summarization of Key Patient Data. The algorithms with the CCP, allow for the setting-specific factors to enhance clinical decision support which improve the efficacy and applicability of CDS by integrating patient and environmental specific factors.

The CCP can then be used as a convergence of objective patient information, CDS and work-centered design of care process improvements in health IT that will generate a set of EHR-specific metrics which foster usability, best practices, system comparisons, and guide certification.

Describe how project will serve the needs of the underserved and low income populations you care for.

Most of the clients BHG serves are on AHCCCS and are enrolled in ALTCS due to having low income and a chronic medical illness. This population has an increase in potential of struggling with stability in aspects of their life, which includes environmental challenges of where to live, food to eat, and lack of financial resources. This can then cause frequent changes in places to live; access to communication, phone numbers changes, and transitions to healthcare provider's serving them. Of these clients, over 65% are admitted for acute, skilled, or custodial stays in an assisted living or nursing facility due to comorbid and complex diagnoses. Typically, several specialists are treating the same client. Caregivers and medical providers are accountable for coordinating care which is critical to prevention, but this can be challenging due to the lack of administrative and financial support. Poor coordination of care has negative consequences for clients and contributes to higher medical costs. This provides direct correlation to the increase of admissions and readmissions into emergency rooms and hospitals. This escalates the urgency for community providers to work together in collaboration and coordination of client care.

By implementing and utilizing CCP for like clients, this will allow for the enhancement and improvement of clinical, administrative, financial, and managerial capacities. It will give credence to the resources, expertise, procedures and systems currently in place to ensure a member is getting quality and preventative care. BHG understands the importance of coordinating care with all providers treating the same client. Each partner has a specialty in what, how, and why they are treating the mutual client. By having all of the latest information at your fingertips will provide better and more appropriate care, preventative care, lower medical

costs and decreased hospitalization. BHG clinicians work closely with health plans and all community partners to ensure continuity of care and appropriateness of services. With the capability of sharing information and reviewing the most current information with our colleagues, BHG can prevent unnecessary medical interventions, ability to prevent contraindications of medications, utilize appropriate treatment by more accurate and updated diagnoses, and better overall outcomes for the client.

BHG worked with a technology services provider, Southwest Collaborative Care Strategies to develop the beta-level Cake-PHP system (CCP) to allow healthcare service providers log and track patient information, which is then made available to other third parties who require this information. The CCP is live and currently in use.

Name of organization that will serve as the fiscal agent on this project.

BHG will serve as the fiscal agent on this project.

Name and resume of individual who will serve as project lead.

Attached

Project Work Plan

This project will encompass two phases, Phase I will include the initial assessment and urgent tasks to address the current technical environment and additional lock down security including configuring the technical environment, set up version control, and implement the data guardrails. This phase will continue on concurrently as we work on completing our functional requirements document. Phase II details the actual "build" and the bulk of the new development. This phase includes the technical architecture and design phase at the beginning, and a documentation revision at the end, as well as more thorough QA testing. The mobile phase will also roll out during Phase II. The total pricing for this build detailed out in the budget narrative is appropriated at $50,000.

The overall timeline for this project is estimated at 14 weeks. Phase I will take approximately 3 weeks and will include the final security assessment, review, planning and programming. The bulk of this phase will be spent on establishing a website environment. BHG proposes a three-tiered system architecture to meet basic HIPAA security compliance. A diagram of the current systems architecture will include a development environment work without disturbing the live production site. Additionally, we will need to establish the new development environment with cloud hosting provider, FireHost. All development areas should be configured to match the current production environment. A version control system (Git) needs to be added to the development environment and any required subdomains established. Finally, validation of the

development environment and confirm Git function will be required.

Phase II will include the re-architecture of the CCP and a rebuild of the system. A functional requirements document will be provided and technical development efforts to bring the CCP project to completion will be addressed during this phase. The technical architecture and design piece of this project will diagram and document a stable and scalable system and information architecture for the CCP. There will also be a diagram for the database needed to support the functional requirements including modeling the key components and data elements that are required to structure patient data and reports/outputs. CCP security, including user management, access rights, business rules and processes will be established and the architecture to ensure that the CCP meets HIPAA security requirements will be paramount.

Implementation Model

Phase I	2-3 weeks from start
Phase II	
Technical architecture	1 weeks from start of Phase II
Graphic design	1 week
Development	3 – 4 elapsed time
Testing	1 week
Final documentation	1 week after completion of QA
Output modules (Push/Pull Integration)	Add 3-5 days to development (assumes no more than 3 modules)
Data classification	Add 1 week to development
Administration and report enhancements	Add 2 weeks elapsed time to development
Mobile application	
Option 1	1 week from start of project
Option 2	1 month from start of project

Budget

Attached

Budget Narrative

In Kind Personnel – $55,655

Bayless Healthcare Group: Bayless employs and recruits highly qualified professional clinicians with credentials up to MD and administrative staff. The annual salary rates are based on market rate surveys for mental health professionals and administrative staff.

Maravilla Healthcare Center: Maravilla employs and recruits highly qualified administrative staff to meet the needs of the position. The annual salary rates are based on market rate surveys for mental health professionals and administrative staff.

Employee Related Expense costs are currently 22.7% of total salaries.

Planning Budget - $49,953

The planning budget includes the consulting and project assistance provide by Southwest Collaborative Care Strategies (SWCCS). This includes but is not limited to HIE Project Mapping, workflow consultation and legal assistance when necessary. Additionally the two-day initial readiness assessment and joint planning that must occur between BHC and MCC and the ongoing training and development support for the end users round out the $50,000 cost.

Implementation and Build Budget - $50,000

The bulk of the budget in the implementation and build plan focuses on the urgent tasks to address the technical environment and lock down security. The configuration of the technical environment, set up version control, and implementation of the data guardrails is included. Additionally the completion of the functional requirements document and any additional documentation to support the build will be completed and provided. The build plan will also include the technical architecture and design phase at the beginning, and a documentation revision at the end, as well as more thorough QA testing.

3232 E. Meadowbrook Ave
Phoenix, AZ 85018

Phone: (602) 574-2177

Linda Buscemi

Highlighted Professional Achievements:

- Developed the Quality Management Manual in accordance to State and Federal Regulations and Clinical Lead for obtaining CARF accreditation for an Outpatient Substance Abuse Clinic.
- Assisted in the network and clinical development of a lower level of care for long term care patients with behavioral issues.
- Participated in the development and training of protocols for several state agencies in accordance to a public lawsuit.

Professional Experience:

May2012- Current Bayless Behavioral Health Solutions
Long Term Care Program Director
Responsible for developing new partnerships and contracts with community agencies for an integrated approach. Create project management plans including coordinating and implementing strategies to maximize program development. Direct execution of service delivery plans by developing policies and processes and analyze data that informs ongoing service delivery. Provides advice, decisions and recommendations on scheduling and cost control of program projects and reviews task analysis of clinical teams.

October 2006- May 2012 SCAN Health Plan (Long Term Care) Phoenix, AZ
Behavioral Health Coordinator
Responsible for ensuring SCAN members are receiving quality behavioral health services which includes building a strong, diverse and demographically convenient provider network. Provide consultation to 60 case managers and for all departments. Develop new and innovated ways to provide quality care and keep members as independent as possible. Build, run, and monitor reports to ensure all timelines are met according to ADHS. Provide education to contracted providers. Ensure daily claims are authorized and paid appropriately. Provide presentations as needed.

October 2004-September 2006 Prehab of Arizona Glendale, AZ
Clinical Director- Clinical Supervisor
Provide Clinical Supervision to all agency therapists, including monitoring client progress and appropriate case documentation. Responsible for supervision of clinical staff, including hiring, performance evaluations and disciplinary actions. Responsible for implementation of Quality Management and submission of required reports. Responsible for outpatient Utilization Management or care coordination at CSP level. Responsible for ongoing staff development and training activities. Determine priority for program components in conjunction with Program Manager and Program Director.

July2003-October 2004 ValueOptions Phoenix, AZ
Stakeholder Liaison
Assists in communications between all stakeholders, including CPS, Juvenile Probation and Parole, contracted Mental Health Agencies, Public Schools. Promote and educate community on RBHA services. Ensures consumer services are appropriate and expedited. Ensure services are available to all public schools. Assist in developing forms and procedures for court appearances. Analysis of customer service complaints and issue resolutions on identifying gaps in services and better flow distribution for previous year. Participant of the Educational Subcommittee, which served as a campaign to educate school administrators of the State standard procedures and to incorporate mental health services in schools. Responsible for providing issue resolutions to nine CPS sites and Juvenile Detention centers on the West Side of the county. Maintain daily reports on system trends for all stakeholders. Conduct monthly training

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for new hires at CPS. Conduct training to probation officers. Assisting in protocol development for MCJPD, ADJC, CPS and DDD.

October 2002- July 2003 ValueOptions Phoenix, AZ
Access Line Clinician
Refer Consumers to providers that best fit their mental health needs. Ensure that referrals from Health Plans are completed properly. Maintain and track information on Health Plan Referral processes. Part of the HIPAA compliance team, ensuring standards are met. Gather and implement data for ECT authorizations.

May 1999-April 2001- October 2002 Community Medical Services Phoenix, AZ
Associate Program Director/ Clinical Director
Assist in day to day operation of 6 clinics. Acting Director in absence of Program Director/VP. Liaison between State funding agencies and State Licensing Department, ensuring contractual performance agreements are met. Ensure all clinic forms adhere to State and Federal Licensing standards.
Oversee Policy and Procedures, counseling activities, and Quality Management. Interact with all provider agencies in a professional manner. Clinical lead in CARF accreditation process.
Oversee all clinical operations, including clinical policies and procedures. Administer psychological assessments. Chairperson for the Quality Management Team. Provide daily and weekly supervision for 14 employees at all sites. Provide trainings for staff. Ensure client satisfaction, interventions, and rights.

July 1998-March 1999 New Oakland Child Adolescent & Family Center Davisburg, MI
Testing Psychologist
Administer and Assess psychological evaluations for children in an outpatient program. Responsible for administering psychological evaluations for an average of seven clients per week. Report includes recommendations on how to cope with the diagnostic findings. Present findings and recommendations at weekly conference. Assisted in development of an educational program.

Education:
Oakland University, Rochester, MI
Masters of Arts Counseling, (60 credits) CACREP approved, April, 1998
Bachelors of Arts Psychology, June, 1996
Specialization: Advanced Mental Health
****Licensure/ Certification***:
Licensed Professional Counselor, September 1999
National Certified Counselor, June 1998

Volunteer work:
Chair of the AZ Hoarding Task Force

ASET HIE Grant Program

Proposed Budget 01/01/13 - 06/30/13

In Kind - Personnel				
Title	**FTE %**		**Salary**	**Amount**
Maravilla Care Center				
Jefferys Barrett- CEO	100%	10%	225,000	11,250
Tom Taugape-COO	100%	2.50%	100,000	1,250
Carlotta-DON	100%	2.50%	60,000	750
3- Assistant Directors Of Nursing	100%	2.50%	150,000	1,875
Director of Education	100%	2.50%	50,000	625
Subtotal Personnel (MCC)				*15,750*
ERE (22.7%)				3,575
Subtotal (MCC)				19,325
Bayless Healthcare				
Juna Munru-Franco- HIT Project Manager	100%	25%	45,000	5,625
Grant Rollier- IT Assistant	100%	25%	30,000	3,750
Justin Bayless- CEO	100%	10%	215,000	11,250
Linda Buscemi-LTC Program Director	100%	10%	75,000	3,750
Dr. Jon McCaine- Clinical Director	100%	10%	85,000	4,250
Christina Bitzer- LTC Clinical Liaison	100%	10%	60,000	3,000
Monica Snyder- CAO	100%	5.0%	105,000	2,625
Subtotal (Bayless)				24,875
ERE (22.7%)				5,647
Monthly Server amd Hosting Fees by Firehost Inc for six months				5,808
Subtotal (Bayless)				36,330
Total In Kind Personnel				**55,655**

Planning Budget	
Title	**Amount**
Consulting & Project Assistance by Southwest Collaborative Care Strategies	40,236
Includes HIE Project Mapping, Workflow, Consulting, Legal and Assistance	
Initial Readiness Assessment and Joint Planning with Bayless & MCC	4,826
2 days - includes RA/Joint Planning and Joint Training Related to HIE development	
Ongoing Training,Development and Support for Users	4,891
One day per week for 13 weeks post launch at $450 a day	
Subtotal (Independent Contractors)	**49,953**

Implementation and Build Budget	
Item	**Amount**
Establish Website Environment	1,055
Complete System Assessment of current version launched incldluing privacy and security	
System Upgrades to Privacy and Security Guidelines set forth by HIPAA guidelines	
Establish Security	9,650
Ensure this is only SSHS access to the system	
Work with FireHost to confirm that the site is on a dedicated server	
Clone current website and remove and SQL queries from the code base.	
Improved functionality for HIE Push and Pull Exchange for EHR/EMR	17,345
Additional Behavioral Report Modules for Functional Assessments	11,450
Mobile Automation and Application for uses on Iphone, Ipad and Android devices	10,500
Subtotal	**50,000**
Total Requested Funds from ASET	**99,953**
Grand Total	**155,608**

Maravilla Care Center

Phone: 602-243-6121
Fax: 602-268-3349

8825 S. Seventh Street
Phoenix, Arizona 85042

October 29th, 2012

Arizona Strategic Enterprise Technology (ASET) office
State of Arizona
100 North 15th Avenue, Suite 400
Phoenix, AZ 85007

RE: Joint Application for the Unconnected Healthcare Providers HIE Grant Program

Dear ASET,

Maravilla Care Center is a 194 bed skilled nursing care community comprised of five distinct neighborhoods, each providing specific individualized care to their distinct neighbor population. Four of the five neighborhoods focus on a diverse population with medical conditions as well as living with mental and psychological disorders. For the past three years, Maravilla Care Center has partnered with Bayless Behavioral Health Solutions (BHS) to assist in managing these Behavioral Units (BU's). Bayless BHS has clinical oversight and provides complete behavioral health care to these residents by ensuring the appropriate coordination and collaboration of care for our residents. This task is time consuming and costly, yet a necessary part of providing the best care for our families.

Through our continued partnership with Bayless we have achieved a significantly higher level of coordination between our agencies. But it cannot end here; it is the coordination between health plans, primary care doctors, hospitals, specialists, and other community partners that must also take place. By developing a system (HIE) not simply for the purpose of enrollment and gathering data, but also for enabling decision-making by fostering collaboration in all aspects of the service plan for the individual served; we are creating a system that will ultimately result in the effectiveness and efficiency of health services by improving the delivery of service, enabling intended users to make more informed decisions, and ultimately improving the individual served quality of care.

Maravilla Care Center is excited about partnering with Bayless in this joint application for the HIE grant program. Through innovation, commitment, and dedication, the partnership between Maravilla and Bayless will prove to be a valuable asset to the community and the lives we all serve.

Respectfully,

Jeffreys B. Barrett, N.H.A.
Chief Executive Officer

Maravilla Care Center's
Primary Project Team Members
For ASET Grant

Jeffreys B. Barrett, N.H.A.
Chief Executive Officer

Tom Taugape
Chief Operations Officer

Carlotta Amini, R.N.
Chief Nursing Officer

Chuck Combs, L.P.N.
Assistant Director of Nursing

Virginia Kruggel, L.P.N.
Assistant Director of Nursing

Jeannetta Young, R.N.
Assistant Director of Nursing

Sally Nelsen, R.N.
Director of Education

Patricia Hoy, R.N.
Assessment Coordinator

Virginia Rafferty, R.N.
Assessment Coordinator