CRISP

CHESAPEAKE REGIONAL INFORMATION SYSTEM FOR OUR PATIENTS

Request for Application

Health Information Technology Adoption for Independent Maryland Nursing Homes

PUBLIC NOTIFICATION

Applicants interested in responding to this announcement must submit their proposal by 4 pm on <u>*March 6, 2013*</u>

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1 Description & Requirements of Grant Program

The Chesapeake Regional Information System for our Patients (CRISP), the State-designated health information exchange (HIE), in collaboration with the Maryland Health Care Commission,[1] is launching a new grant program for independent Maryland nursing homes. The goal of the grant program is to facilitate the adoption and use of health information technology (health IT) among independent nursing homes to support improved transitions of care for their patients as they transition between hospitals and their facility. CRISP intends to offer financial awards to eligible independent nursing homes on a competitive basis to build IT capacity and support transitions of care between hospitals and nursing homes. Nursing homes are invited to apply for funds to advance health IT adoption and use; this may include the purchase, license and/or implementation of an electronic health record (EHR) system for one or more of their facilities. Financial support for other critical clinical information or recordkeeping systems will also be considered. The funding period will begin in March 2013 and conclude in March 2014. Applicants are encouraged to work with a State-Designated management service organization (MSO).[2]

CRISP offers a number of services to support the flow of patient information. Key to supporting care coordination and transitions of care is the availability of data that details for the nursing home the care a patient received while at a hospital. CRISP, as the State-designated HIE, receives patient information from all 46 hospitals in Maryland, and makes this data available to providers through a secure web portal. Accordingly, nursing homes will need to demonstrate how they will leverage services of the State-designated HIE in innovative ways to support care coordination and transitions of care. Additional information about the CRISP portal is available online here.

Another service offering for nursing homes is a real-time encounter notification service (ENS) which provides instant alerts for care coordination and quality improvement purposes when patients are admitted, discharged, or transferred to, from, or within any hospital in Maryland. To use ENS, nursing homes will maintain a current patient panel with CRISP, which is used to identify when a patient experiences a hospital-based encounter anywhere in Maryland. Alerts are subsequently delivered to designated nursing home personnel or contracted clinicians providing details of the circumstances of the encounter. Users may also use the complementary CRISP web portal to search for other clinically-relevant information on a patient under the facility's care. Applicants must describe how the use of ENS is additive to the other components of their proposed projects and integrated with a larger initiative to better manage transitions of care to and from acute settings. Click here for additional information on the ENS.

1.1 Funding Source

In 2011, the MHCC was awarded about $1.6 million from the Office of the National Coordinator for Health Information Technology (ONC) under the State Health Information Exchange Cooperative Agreement – Challenge Grant. MHCC has been working in collaboration with CRISP to implement

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[1] Funding is available through the American Recovery and Reinvestment Act of 2009 and subject to all terms and conditions.

[2] A list of State-designated MSOs is available online here:
http://mhcc.dhmh.maryland.gov/hit/mso/Pages/mso_main.aspx.

the project. The purpose of the Challenge Grant is to support transitions of care between hospitals and long-term/post-acute care facilities using health IT. The Challenge Grant award, as originally envisioned, had three components: (1) to establish direct interfaces with six LTPAC facilities to the statewide HIE to support care transitions, (2) to widely offer web-based portal access to the HIE for other LTPACs to support care transitions, and (3) to assist the State in planning for an electronic registry of Medical Orders for Life Sustaining Treatment forms.

The progress to date of the work of the Challenge Grant suggests that some reconceptualization of the work effort is required to make efficient use of the remaining funding and to achieve the components in the scope of work. The Challenge Grant has expended considerably fewer funds than anticipated. A portion of the remaining funds will be used to fund awards to independent nursing facilities. MHCC retains oversight of the implementation of the Challenge Grant and disbursement of funding. Funding could be altered or withdrawn at any time of the project period at the discretion of the MHCC.

1.2 Eligibility

There are approximately 235 nursing homes in Maryland. All nursing homes that are independently owned and operated, *except those that have previously received funding under the ONC State HIE Challenge Grant*, are eligible to apply for a grant under the Health Information Technology Adoption for Independent Maryland Nursing Homes grant program. The scoring matrix that will be used to determine awards may be found in the appendix. In the event that a number of applicants receive the same score, the award committee will give priority to small facilities (80 beds or less) that have demonstrated financial need.

1.3 Program Evaluation

There will be four grant disbursements that will be tied to awardees' achievement of specific measureable goals. Each awardee will submit three progress reports and one final report according to the schedule on page 6. Each progress report must detail the organization's progress against, at a minimum, the three measures in the table below. Applicants should also suggest at least two additional measures, an example measure has been provided. The goals applicants propose for each measure must be clear and verifiable. For example, the first progress report could contain a goal of having 5% of care transitions to and from acute care hospitals and targeted nursing home settings for which there is an electronic summary of care document, while the second progress report could increase the goal to 10%. See Appendix C for sample progress report goals.

Funds will be disbursed upon approval of each progress report, which must include demonstrable progress in achieving the goals as laid out in the application. All funding decisions will be made upon approval of CRISP and MHCC. Nursing homes should note that ongoing funding is contingent upon achievement of their measures.

Required Measures	
Measure	**Key Definitions**
Percentage of care transitions to and from acute care hospitals and targeted nursing home settings for which there is an electronic summary of care	**Care transitions:** The movement of a patient from an acute care hospital to the independent nursing

document.	home.
Suggested Denominator: Estimated number of patients that are discharged from an acute care hospital to your facility. Suggested Numerator: Number of patients that are discharged from an acute care hospital to your facility for which an electronic summary of care document was received.	**Electronic Summary of Care Document:** Delivery of patient information, including the reason for the visit or discharge disposition, in a CRISP ENS notification and/or a search for a patient in the CRISP web portal that returns clinical patient information. The receipt of an ENS notification or a web portal query should be documented by the independent nursing home.
Average time to transmit or receive electronic care summary information from date of discharge/transfer.	For example, the time between a patient's departure from the hospital and when the ENS message was received or the CRISP web portal was reviewed. ENS messages contain a timestamp indicating the day and time a patient was discharged. Nursing homes will need to determine how they will record that the web portal was viewed.
Percent change in hospital readmission rates or other clinical measures for patients discharged from acute care hospitals to targeted nursing home settings. Suggested Denominator: Total number of patients discharged from an acute care hospital to your facility within a 30 day period. Suggested Numerator: Number of patients readmitted to any acute care hospital within the 30 day period. Percent Change: 30 day baseline period minus 30 day performance period.	**Hospital Readmissions:** Readmissions within 30 days to any acute care hospital. **Other Clinical Measures:** Applicants may suggest other clinical measures based on the National Quality Forum's (NQF) endorsed standards for nursing homes that they will show an improvement in. **Baseline:** First 30 days after award.
Example Optional Measure	
Increase patient understanding of her/his care during transition process	This may be measured by the percentage of patients that opt-out of the HIE.

1.4 Periodic Progress Reports

Awardees will be required to submit progress reports to CRISP periodically throughout the grant cycle that detail the nursing home's progress in obtaining its goals for the reporting period. The reports must also include a detailed listing of grant fund expenditures, as well as matching and in-kind contributions, that includes, at a minimum the time period, work performed, and capital and non-capital purchases. At the completion of the grant period, awardees will need to submit a final report (approximately 9-12 pages) detailing, at a minimum, their successes, challenges, and lessons learned of the health IT adoption as well as use of CRISP.

The progress report schedule is as follows:

- Report 1: Due July 8, 2013

- Report 2: Due October 4, 2013
- Report 3: January 6, 2014
- Final Report: February 28, 2014

1.5 Summary of Grant Requirements

The following items are required components of applicants' proposed projects.

- Adopt and implement health IT infrastructure, such as an EHR system, a critical clinical information system, and/or recordkeeping systems.
- Leverage services of CRISP in innovative ways to support care coordination and transitions of care.
- Utilize CRISP ENS.
- Utilize quantitative evaluation measures to demonstrate a positive impact on care transitions and/or care coordination.
- Submit progress reports to CRISP detailing attainment of the milestones.
- Submit a final report to CRISP detailing the organization's successes, challenges, and lessons learned.
- An acknowledgement statement that funding could be altered or withdrawn at the discretion of MHCC.

2 Grant Funds

CRISP intends to award about $590,000 to four to six eligible independent nursing homes. Nursing homes are invited to propose any reasonable funding amount, and CRISP may request additional information or negotiate the budget prior to an award decision. Funding disbursements 2 and 3 are based on the evaluation of the progress reports by CRISP.

2.1 Timeline of Funding Disbursements

Activity	Funding Date[3]
Funding period begins, grant disbursement #1	March 2013
Grant disbursement #2	July 2013
Grant disbursement #3	October 2013
Grant disbursement #4	February 2014

2.2 Use of Grant Funds

Funds may be used for the cost of software, as well as maintenance fees and internal direct costs such as staff salaries for employees supporting the project. In addition, the funds may be utilized for the implementation of the EHR system, which may include contracting with consultants or partnering with a State-Designated MSOs to analyze the nursing home's current workflow, and create new workflows that integrate the EHR system into the nursing home, as well as training of nursing home staff on use of the EHR. Applications should also address resources required to sign

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[3] Exact funding date to be determined based on award date.

up and effectively use CRISP HIE services. Applicants may propose funds to be utilized to purchase hardware, including desktops, laptops, servers, routers, etc., as they are required to support a broader health IT adoption and use initiative.

2.3 Matching Fund Requirements

Applicants must provide a 75 percent match of non-grant funds equal to the amount of funding requested. This match may be made in the form of a cash match or in-kind services, such as staff time. The purpose of the match is to show substantial institutional support for the proposed initiative.

3 How to Apply

Applicants submitting a grant proposal should follow the application and proposal guidelines detailed below. Grant proposals are due to CRISP by 5:00 p.m. EST on February 28, 2013. Proposals must be submitted via email to kelley.hirsch@crisphealth.org.

All proposals must include the following documents.

3.1 Grant Application Cover Sheet

The cover sheet can be found in the appendix of this grant proposal. The form should be completed and signed by the project director(s) and either the chief executive officer or the individual responsible for conducting the affairs of the applicant and legally authorized to execute contracts on behalf of the applicant organization.

3.2 Executive Summary

A half-page overview of the purpose of your organization's proposal, summarizing the key points.

3.3 Proposal

Proposals should be well written, clear, and concise. Original and creative approaches to using health IT to improve care transitions are encouraged. Proposals may not exceed 10 pages single spaced on standard 8 ½" x 11" paper with one-inch margins and using 12-point Times New Roman or Arial font. Tables and charts may use a 10-point font or larger. The budget and budget justification are included in the 10 page limit, but appendices are not included in the 10 page limit. The proposal should be submitted electronically via email to kelley.hirsch@crisphealth.org.

The proposal should be structured using the following sections discussed below. Provide as much detail as necessary. Appendices should be limited to only the material necessary to support the application. CRISP will request additional material if required.

1) Project Description:
   a. What will the project do? What is the overarching purpose of the project? What are the key programmatic components of the project? Quite literally, who will do what for whom, with whom, where, and when?

b. What will be the benefits of success? If the project is successful, what visible, tangible, objectively verifiable results will you be able to report at the end of the grant? What longer term benefits do you expect for the target population and the broader community?

c. How will the project be sustained after grant support ends? Will the project require ongoing outside support after the proposed grant ends? If so, describe your plans for securing ongoing funding or, if plans are not yet firm, the process you will employ to work towards sustainability?

2) Progress Reports – Describe the goals the organization will set for each progress report utilizing, at a minimum, the following three measures. Applicants should propose additional measures, with correlating goals.

a. The percentage of care transitions to and from acute care hospitals and targeted nursing home settings for which there is an electronic summary of care document.

b. The average time to transmit electronic care summary information from date of discharge/transfer.

c. Percent change in hospital readmission rates or other clinical measures for patients discharged from acute-care hospitals to targeted nursing home settings.

d. Grantee identified performance measures/goals that can be calculated on an ongoing basis and are measurable, implementation-related, and/or tied to improving care transitions.

3) Work Plan

a. What is the timeline for accomplishing milestones and deliverables? Prepare a Gantt chart or other timeline listing project tasks and the time period over which these tasks will be undertaken?

b. The work plan chart may be attached as an appendix item to the proposal.

4) Applicant Organization

a. Is the organization located in a designated Health Enterprise Zone?[4]

b. What is the organizational structure? Is the applicant a for-profit or not-for-profit organization?

c. How is the organization staffed? Describe the staffing and provide an organizational chart as an appendix item.

d. Identify the sites that will utilize the funding. Describe the facilities owned and/or operated by the organization.

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[4] Health Enterprise Zones in Maryland are: West Baltimore, Annapolis, Capitol Heights (Prince George's County), Greater Lexington Park (St. Mary's County), and Dorchester and Caroline Counties. One of the goals of the health enterprise zones is to utilize health IT to improve patient care. Visit http://dhmh.maryland.gov/healthenterprisezones/SitePages/Home.aspx for more information about the Health Enterprise Zones.

5) Key Personnel

    a. Who will direct the project? Identify the project director and describe his/her level of responsibility within the applicant organization, qualifications to lead the project, and role in carrying out the project.

    b. Who are the other key staff? Identify other essential staff, their roles in the project, and their relevant qualifications.

    c. What staff/positions, if any, will need to be filled? Please describe any positions that the organization will need to hire new/additional staff to fill.

6) Partners and Collaborators

    a. Will the organization partner with a consulting company or management service organization (MSO)? If so, describe the partners and their role in the project.

    b. Will the organization work with a particular hospital or major referral partner to exchange clinical information in addition to information already available via CRISP?

    c. Will the organization utilize a vendor to provide technical support for their project?

7) Project Budget

    a. Applicants must use the Budget Form provided in the Appendix section followed by a line-item budget justification detailing the purpose of each budget item. Applicants must also detail the organizational match.

    b. The Budget Form includes the following line item areas:

        i. Personnel: Include the percent effort (FTE), name and title of the individual.

        ii. Equipment: Software, hardware, and other equipment costs.

        iii. Supplies

        iv. Travel/Mileage/Parking

        v. Staff Training/Development

        vi. Contractual: Contracts for more than $10,000 require approval of the CRISP.

        vii. Other Expenses: Other miscellaneous expenses or other program expenses that do not fit the other categories can be placed here. Detail each different expense in this area in the budget justification narrative.

8) Financial statements from the most recent fiscal year and IRS Form 990 or equivalent financial report.

9) An acknowledgement statement that funding could be altered or withdrawn at the discretion of MHCC.

4 Inquiries

4.1 Informational Call and Bidders' Conference for Applicants

An informational call will be held on **February 14, 2013 from 12:00-1:00 pm**. Interested applicants are encouraged, but not required to attend the call to learn more about the grant. The informational call can be accessed using the following:

1. Click https://www1.gotomeeting.com/join/870250096 or copy and paste into your web browser.
2. To join the conference call: Dial 866-247-6034, when prompted enter Conference Code: 6912847711. (Meeting ID: 870-250-096)

 A bidders' conference for interested applicants will be held on **February 21, 2013 from 1:30-2:30 pm.** The conference will be held at LifeSpan Network (The Handelman Conference Center, 10280 Old Columbia Rd. Ste 215, Columbia, MD 21046). Interested applicants who cannot attend in person may attend virtually via conference call. The bidders' meeting is optional and will provide detailed information about the grant program, assistance with applications, and answer applicant questions.

4.2 Questions from Applicants

Applicants may also submit written questions about the grants program. Send questions to kelley.hirsch@crisphealth.org. Questions may be submitted at any time.

5 Key Dates

Key Deliverables	Due Date
Request for applications released	February 7, 2013
Responses due	March 6, 2013
Awards announced	March 15, 2013
Funding period begins, grant disbursement #1	March 2013
Report 1	July 8, 2013
Grant disbursement #2	July 2013
Report 2	October 4, 2013
Grant disbursement #3	October 2013
Report 3	January 6, 2014
Final grantee report	February 28, 2014
Grant disbursement #4	February 2014

6 Appendix A: Scoring Matrix

General Criteria	Total Possible Score

Partnerships
   1) Does the proposed project leverage key partnerships, such as with a state-designated MSO.
   2) Does the proposed project leverage key partnerships, such as with a hospital, technology vendor, etc.
	15
	
	15

HIE & Use of ENS - Innovative plan for the use of ENS within the nursing home which fosters more efficient and effective care during transitions.	20
Impact on Transitions - The proposed project has a reasonable, implementable approach for making care transitions between acute and nursing home settings safer, more efficient, and more clinically effective. Support the implementation of evidence-based clinical practices.	15
Scope and Community Need - Number of patients expected to be served by proposed project. Proposed project will serve a significant population of dual eligibles (Medicare and Medicaid)	10
Sustainability - Proposed use of health IT will continue after grant funding is exhausted.	10
Prospects for Success	5
Organizational Commitment - Are the participants committed to using health IT, and does the proposed use create value for the stakeholders.	5
Health Enterprise Zone - Proposed project is located in a designated health enterprise zone	5
Total Possible Score	**100**

7 Appendix B: CRISP Grant Application Cover Sheet

CRISP Grant Application Cover Sheet

Applicant Organization

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Official Authorized to Execute Contracts

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Project Director

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

Alternate Contact Person

Name: _____ Title: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

_____

Grant Request

Project Title: _____

Amount Requested: _____

8 Appendix C: Budget Form

CRISP Applicant Budget Form

Organization Name: _____

Project Name: _____

Revenues	Dollar Amount	Percent of Total Project Cost
MHCC Grant Request		
Organization Match		
Other Grant/Funding Request		
Total Project Cost		

Budget Request	Dollar Amount
Staff	
% FTE, Name, Title	
% FTE, Name, Title	
% FTE, Name, Title	
Personnel Subtotal	
Equipment	
Supplies	
Travel/Mileage/Parking	
Staff Training/Development	
Contractual	
Other Expenses	
Total	

9   Appendix D: Sample Progress Report Goals

Progress Report 1	Progress Report 2	Progress Report 3
Five percent of care transitions to and from acute care hospitals and targeted nursing home settings are accompanied by an electronic summary of care document.	Ten percent of care transitions to and from acute care hospitals and targeted nursing home settings are accompanied by an electronic summary of care document.	Fifteen percent of care transitions to and from acute care hospitals and targeted nursing home settings are accompanied by an electronic summary of care document.
Electronic care summary is received within three business days from date of discharge/transfer.	Electronic care summary is received within two business days from date of discharge/transfer.	Electronic care summary is received within one business day from date of discharge/transfer.
One percent reduction in hospital readmission rates for patients discharged from acute care hospitals to targeted nursing home settings.	Two percent reduction in hospital readmission rates for patients discharged from acute care hospitals to targeted nursing home settings.	Three percent reduction in hospital readmission rates for patients discharged from acute care hospitals to targeted nursing home settings.

10 Appendix E: CRISP Participants

Exchange Participant	Patient Demographic	Lab Results	Radiology Reports	Electronic Reports
Hospitals				
Anne Arundel Medical Center	✓	Mar-12	Mar-12	
Atlantic General Hospital	✓	Jun-11	Jun-11	Jun-11
Baltimore Washington Medical Center	✓			
Bon Secours Baltimore Health System	✓			
Calvert Memorial Hospital	✓	Dec-12	Dec-12	Dec-12
Carroll Hospital Center	✓	May-12	Apr-12	Apr-12
Chester River Medical Center	✓			
Civista Medical Center	✓			
Doctor's Community Hospital	✓	Sep-12		
Dorchester General Hospital	✓			
Frederick Memorial Hospital	✓	Mar-12	Dec-11	
Fort Washington Hospital	✓	Sep-12	Mar-12	May-12
Garrett County Memorial Hospital	✓	Jul-11	Apr-12	
Greater Baltimore Medical Center	✓	Nov-12	Sep-12	Sep-12
Harford Memorial Hospital	✓	Jul-12	Jul-12	Jul-12
Holy Cross Hospital	✓	Sep-10	Sep-10	Sep-10
Howard County General Hospital	✓	Feb-12	Nov-11	Nov-11
James Lawrence Kernan Hospital	✓			Jul-12
Johns Hopkins Bayview Medical Center	✓		Feb-12	Jul-12
Johns Hopkins Hospital	✓		Dec-11	May-12
Laurel Regional Hospital	✓			Jul-12
Maryland General Hospital	✓			
McCready Memorial Hospital	✓	Aug-12		
MedStar Franklin Square Hospital	✓	Oct-11	Oct-11	Nov-12
MedStar Good Samaritan Hospital	✓	Oct-11	Oct-11	Nov-12
MedStar Harbor Hospital	✓	Oct-11	Sep-11	Nov-12
MedStar Montgomery Medical Center	✓		Apr-11	Apr-11
MedStar Southern Maryland Hospital Center	✓		Jul-11	Nov-11
MedStar St. Mary's Hospital	✓	Jun-12	Mar-12	Dec-12
MedStar Union Memorial Hospital	✓	Oct-10	Oct-10	Nov-12
Memorial Hospital of Easton	✓			
Mercy Medical Center	✓		Nov-12	
Meritus Medical Center	✓	Jul-12	Jul-12	Jul-12
Mt. Washington Pediatric	✓	Apr-12		
Northwest Hospital Center	✓	Dec-11	Dec-11	Aug-12
Peninsula Regional Medical Center	✓			
Prince George's Hospital	✓			Jul-12
Shady Grove Adventist Hospital	✓	Nov-11	Dec-10	Dec-11
Sinai Hospital	✓	Dec-11	Dec-11	Aug-12
St. Agnes Hospital	✓	Feb-12	Feb-12	Feb-12
Suburban Hospital	✓	Oct-10	Oct-10	Oct-10
Union Hospital of Cecil County	✓	Aug-11	Sep-11	Sep-11
University of Maryland Medical Center	✓			Jul-12

Exchange Participant	Patient Demographic	Lab Results	Radiology Reports	Electronic Reports
University of Maryland St. Joseph Medical Center	✔	May-12	May-12	
Upper Chesapeake Medical Center	✔	Jul-12	Jul-12	Jul-12
University Specialty Hospital	✔			Jul-12
Washington Adventist Hospital	✔	Nov-11	Dec-10	Dec-10
Western Maryland Health System	✔	Mar-11	Mar-11	Feb-12
Long Term Care Facilities				
Erickson Riderwood	✔	Apr-12		Jun-12
Erickson Oak Crest	✔	Apr-12		Jun-12
Genesis Franklin Woods	✔	Oct-11		
Genesis Heritage Center	✔	Jul-12		
Lifebridge Levindale	✔	Aug-12	Aug-12	
Lifebridge Courtland Gardens	✔	Aug-12	Aug-12	