



NORTH COUNTRY

HealthCare

creating healthier communities

Flagstaff

2920 N 4th St
Flagstaff, AZ 86004
928.213.6100 PH
928.526.1054 FAX

Grand Canyon

PO Box 369
Grand Canyon, AZ 86023
928.638.2551 PH
928.638.2598 FAX

Kingman

1510 Stockton Hill Rd
Kingman, AZ 86401
928.753.1177 PH
928.753.1178 FAX

Seligman

PO Box 776
Seligman, AZ 86337
928.422.4017 PH
928.422.4018 FAX

Ash Fork

PO Box 216
Ash Fork, AZ 86320
928.637.2305 PH
928.637.2343 FAX

Winslow

620 W Lee St
Winslow, AZ 86047
928.289.2000 PH
928.289.0036 FAX

Holbrook

2109 Navajo Blvd
Holbrook, AZ 86025
928.524.2851 PH
928.524.2171 FAX

St. Johns

PO Box 1019
St Johns, AZ 85936
928.337.3705 PH
928.337.3780 FAX

Round Valley

488 S Mountain Ave
Springerville, AZ 85938
928.333.0127 PH
928.333.4799 FAX

Lake Havasu City

2090 N Smoketree Ave
Lake Havasu City, AZ 86403
928.854.1800 PH
928.854.1818 FAX

Show Low

2650 E Show Low Lake Rd, Ste 1
Show Low, AZ 85901
928.537.4300 PH
928.537.4320 FAX

Bullhead City

2585 Miracle Mile, Ste 116
Bullhead City, AZ 86442
928.704.1221 PH
928.704.1243 FAX

Williams

301 S Seventh St
Williams, AZ 86046
928.635.4441 PH
928.635.4403 FAX

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

November 16, 2012

Re: Unconnected Healthcare Providers Health Information Exchange (HIE)
Grant Program

Dear Selection Committee,

Please accept the attached funding proposal for the Arizona Strategic Enterprise Technology grant opportunity. North Country HealthCare (primary care provider) and Mohave Mental Health (behavioral health service provider) propose to enhance and expand their care transitions and co-management efforts through the development of Health Information Exchange implementation for their large shared patient population in the communities of Lake Havasu, Kingman and Bullhead City. North Country will serve as the fiscal agent for the grant and is well positioned to do this.

Fiscal Lead Organization: North Country HealthCare

Applicant Address: 2920 N. 4th Street, Flagstaff, AZ 86003

Application Contact Name: Amanda Guay, MPH

Contact Phone Numbers: voice: 928-774-8324, fax: 928-526-1143

Email Address: aguay@northcountryhealthcare.org

Application Executive Sponsor: Eric Henley, MD, MPH, Chief Medical Officer

Contact Phone: 928-522-2449

Email Address: ehenley@northcountryhealthcare.org

Website Address: www.northcountryhealthcare.org

Thank you,

Amanda Guay, MPH

Director of Community Health Programs & Services

NORTH COUNTRY PROJECT PROPOSAL

PROJECT DESCRIPTION AND PARTNER RELATIONSHIP/COLLABORTION STRUCTURE

North Country HealthCare is an independent 501(c)(3) nonprofit, federally qualified health center, providing primary care services in 13 northern Arizona communities. It is North Country's mission, *"to provide accessible, affordable, comprehensive, quality primary health care in an atmosphere of respect, dignity, and cultural sensitivity. The health and wellbeing of patients and community alike are promoted through direct services, training, outreach and advocacy."* North Country has its roots in a "free clinic" model and was first awarded ADHS Tobacco Tax Primary Care Program funding in 1996 and then its first Community Health Center grant in 1997. Subsequent federal and state awards have allowed for rapid expansion in a large rural service area that historically lacked sliding fee scale based primary care services. Including the Center's primary site in Flagstaff, a medical mobile unit operating in Flagstaff and a co-located clinic in a behavioral health setting (Mohave Mental Health), North Country now operates fifteen access points in five rural counties across northern Arizona.

Mohave Mental Health Clinic, Inc. (MMHC) was founded in May of 1968 as a private, not-for-profit corporation to seek, promote, assist and contribute to the improved mental health of the individuals, families, and communities in Mohave County. The agency operates outpatient clinics in Kingman, Bullhead City, and Lake Havasu City, with two group homes and a Level I Subacute Facility in Kingman as well. The agency has evolved over the years in its scope of service delivery. Individuals eligible for Title XIX/XXI covered services are served under subcontract with Northern Arizona Regional Behavioral Health Authority (NARBHA) and Arizona Division of Health Services (ADHS) and are funded by AHCCCS (Arizona Health Care Cost Containment System). Services are targeted to provide and promote self-growth through individualized, goal-directed, client-centered treatment with competent and responsive clinicians in a caring continuum of behavioral health services. Mohave Mental Health Clinic, Inc's mission is *to improve, enhance and promote the emotional well-being of Mohave County residents who experience life-disrupting problems and to strengthen the quality of personal, family and community life.* Our care philosophy integrates the guiding principles of recovery, including respect, empowerment, collaboration and integration of natural supports, hope, and supports provision of strengths-based, flexible, and responsive services reflective of an individual's cultural preferences.

This Arizona Strategic Enterprise Technology grant application proposes piloting the development and implementation of a meaningful Health Information Exchange of patient care summaries between North Country HealthCare and Mohave Mental Health in Kingman, Bullhead City and Lake Havasu City. In 2012 24,547 unique patients visited North Country's Kingman, Bullhead City and Lake Havasu City locations. Approximately 38.59%, or 9,473 of these patients, are covered by the State's Medicaid program, AHCCCS and qualify for behavioral health services at Mohave Mental Health. According to the Bureau of Primary Health Care consultant, Kirk Strosahl, approximately 70% of those seeking care at a community health center are in need of some type of mental health intervention. Applying this statistic to the North Country AHCCCS population of 9,473 individuals in Kingman, Bullhead City and Lake Havasu City, some 6,631 are in need of behavioral health services.

DESCRIPTION OF PROJECT AND APPROXIMATE NUMBER SERVED

Current Use of Health Information Exchange between Partners

North Country HealthCare and Mohave Mental Health currently use fax as the mode of health information exchange for patient care summaries. Currently, there is no established documentation provided by North Country other than a portion of the patient record, but behavioral health service providers have a patient summary report that is not entirely useful.

Description of Issue that Health Information Exchange Will Improve

North Country and Mohave Mental Health are committed to facilitating transitions of care by sharing patient care summaries between the two organizations with the goal of improving health outcomes. This Arizona Strategic Enterprise Technology grant application proposes the development and implementation of a meaningful Health Information Exchange (HIE) of patient care summaries between primary care and behavioral health entities to facilitate care transitions and co-management of joint patient populations. This effort seeks to identify the key components of patient care summaries that primary care and behavioral health providers prioritize in co-management of patients and leverages the Direct Protocol method to securely share the patient summary between entities. This grant opportunity will provide a HIE foundation that can be replicated with other responsible agencies of the Northern Arizona Regional Behavioral Health Authority and North Country, the largest Federally Qualified Health Center in northern Arizona, over time.

Applying HIE Grant Funds to Meet Business Objectives

This project will enhance North Country (NCHC) and Mohave Mental Health (MMH) in their ability to communicate patient care information that will facilitate care transitions and co-management in our populations. Project funds will foster better understanding of the communication preferences of primary care and behavioral health providers in patient care summaries, as well as establish the Direct Protocol secure transmission vehicle to share the summaries between organizations for the co-management of patients. The grant funds will enable North Country and Mohave Mental Health to meet the following grant objectives:

- 1) Evaluate Health Information Service Providers HIE solutions and select one based upon their ability to satisfy the workflows and business objectives of NC and MMH.
- 2) Conduct interviews with primary care (NCHC) and behavioral health (MMH) providers to define the clinical information they would want to receive in patient care summaries;
- 3) Perform an analysis of each respective EHR to determine how the patient summary information can be collected and consolidated into a reporting format;
- 4) Develop workflows for each organization that will support the transfer of patient care summaries via Direct Protocol;
- 5) Pilot the use of Direct Protocol to transfer patient care summaries through full-scale implementation in Kingman, Lake Havasu and Bullhead City; and,

6) Make the results of the project available to Northern Arizona Regional Behavioral Health Authority and other behavioral health Responsible Agencies in our service area, as well as interested statewide organizations.

North Country sees the initial two objectives as implementation planning efforts and the final four objectives as implementation efforts.

How HIE Will Address the Needs of Low Income and Underserved Populations

North Country HealthCare and Mohave Mental Health both serve a large number of low-income and underserved populations. A health information exchange between North Country and Mohave Mental Health will provide patients receiving care at both organizations, primarily individuals on AHCCCS, with comprehensive care as a result of shared patient care information. The use of improved care summaries will facilitate faster, more effective and reliable care transitions between providers and improved co-management of these patients. Increased efficiencies will decrease the number of patient visits that are unproductive due to incomplete, ineffective patient care summaries between care organizations. NCHC and MMH both anticipate that HIE will decrease unnecessary testing and inappropriate prescriptions due to drug interactions from unknown medications.

THE BENEFIT OF THE PROJECT ON BEHAVIORAL HEALTH RECIPIENTS

Milestones and Expectations for the Project

Milestone	Timeline	Entity Responsible
Evaluate Health Information Service Providers HIE solutions and select one based upon their ability to satisfy the workflows and business objectives of NC and MMH.	November 15, 2012 – December 31, 2013	Electronic Health Record, Information Technology and Referrals Departments at NC and MMH
Conduct interviews with primary care (NC) and behavioral health (MMH) providers to define the clinical information they would want to receive in patient care summaries	January 1 – February 28, 2013	Health Services Advisory Group
Perform an analysis of each respective EHR to determine how the patient summary information can be collected and consolidated into a reporting format	February 28 - March 31, 2013	NCHC and MMH IT Departments Alliance of Chicago Community Health Services, CHC Centricity Network/Claimtrak Systems EHR Network Consultant
Develop workflows for each organization that will support the transfer of patient care summaries via Direct Protocol; Provide end user training to NC and	April 1 – 15, 2013	Electronic Health Record, Information Technology and Referrals Departments at NC and MMH

MMH Referrals Departments on established Direct Protocol workflows		
Pilot the use of Direct Protocol to transfer patient care summaries through full-scale implementation in Flagstaff and Williams North Country and Guidance Center clinic locations	April 15 – June 15, 2013	Health Services Advisory Group IT, EHR, Referrals Departments of each Health Information Service Provider
Make the results of the project available to Northern Arizona Regional Behavioral Health Authority and other behavioral health Responsible Agencies in our service area, as well as interested statewide organizations	June 1 - Ongoing	Health Information Service Provider Health Services Advisory Group Mohave Mental Health/North Country Administration

Time Specific Goals and Objectives

Planning Goal: To evaluate and select appropriate Health Information Service Providers HIE solutions

Objective: By December 31st, 2012, NCHC and MMH IT Departments will evaluate Health Information Service Provider Health Information Exchange solutions alongside workflow and business objectives of the two organizations.

Objective: By December 31st, 2012, NCHC and MMH IT Departments will select one of the service providers to establish accounts for the HIE project.

Planning Goal: To determine the most meaningful content for patient care summaries for primary care and behavioral health providers

Objective: By January 20, 2013, MMH and NCHC leadership will work with HSAG to develop interview content including open ended questions, scenario-related questions and IT-related questions for primary care and behavioral health providers related to the content for patient care summaries.

Objective: By February 10, 2013, HSAG will conduct 20-25 provider interviews using the interview instrument.

Objective: By February 28, 2013, HSAG will provide MMH and NCHC leadership with a summary report with specifications for elements in primary care and behavioral health data exchange.

Objective: By February 28, 2013, HSAG, MMH and NCHC will meet to hear recommendations from HSAG on the operation plan along with project priorities and identification of deliverables.

Operation Goal: To determine how the patient summary information can be collected and consolidated into a reporting format from each respective EHR and the Direct Protocol method used to securely transfer patient care summaries between entities

Objective: By March 31st, 2013, each organization will perform an analysis of their respective EHRs to learn how to collect and consolidate patient care summary content into a reporting format.

Objective: By March 31st, 2013, each organization will work with their EHRS Network Consultants to map observation terms and develop patient care summary report.
Objective: By March 31st, 2013, complete in-house end user training to NC and MMH Referrals Departments on established Direct Protocol workflows.

Operation Goal: To pilot the use of Direct Protocol to transfer patient care summaries through full-scale implementation in Kingman, Lake Havasu and Bullhead City

Objective: By April 15, 2013, HSAG will assist MMH and NCHC in establishing and documenting processes and procedures to be utilized in the data exchange.

Objective: By June 15, 2013, HSAG will assist with the implementation of basic data exchange between the two organizations utilizing Direct Protocol.

Objective: By June 15, 2013, HSAG will assist with modification of workflows and systems outputs to accomplish exchange of data more effectively and efficiently.

Operation Goal: To make the results of the project available to Northern Arizona Regional Behavioral Health Authority and other behavioral health Responsible Agencies in our service area, as well as interested statewide organizations

Objective: By June 15, 2013, stakeholders from HSAG, MMH and NCHC will have a final meeting to debrief effort and develop talking points to promote the HIE effort with other agencies.

Communications Plan

In an effort to keep all stakeholders informed of project goals and progress along the tight timeline, there will be face-to-face meetings monthly upon grant award for the months of January, February, March, April and June for project leads and key individuals from North Country HealthCare, Mohave Mental Health and the Health Services Advisory Group. At the initial meeting, the workplan along a timeline will be discussed and recommitted to. Beyond the face-to-face meetings with all stakeholders, face-to-face meetings via telemedicine or in-person will happen as needed between the Mohave Mental Health and North Country staff. Moreover, the Healthcare Innovations Specialist will organize face-to-face meetings and updates for the stakeholder group. Communications between the project leads from MMH and NCHC will serve as primary contacts for the EHR Network Consultants at each organization to assist with abstracting the elements of the patient care summaries from each respective EHRS. The final meeting in June will serve to debrief the effort and develop talking points for promoting the HIE project to other entities.

The Healthcare Innovations Specialist will be employed by North Country HealthCare, the lead applicant on the grant, and will serve as the single point of contact for the grant. The Coordinator will manage and oversee the planning and implementation efforts and demonstrate successful health information exchange between NCHC and MMH.

Staff Training and Evaluation of System Operation

Once the workflows are developed for each organization to utilize the Direct Protocol method to securely share patient care summaries between the two organizations, in-house training will be conducted with the referral departments at each organization to implement the workflows accordingly.

System operation and maintenance will be provided by the selected Health Information Service Provider. The NCHC and MMH Information Technology Departments will provide first-tier technical support. Technical issues will be escalated to the Health Information Service Provider when deemed necessary by the aforementioned Departments.

The Health Services Advisory Committee will provide assistance with evaluation of data exchange effectiveness and efficiency, along with assistance in modifying the workflow and systems output at each organization.

Primary Project Team Members

Mohave Mental Health IT Manager: Roy Heisner, EHR and IT roles on the project
North Country HealthCare IT Systems Administrator: James Keese, IT role on the project
North Country EHR Implementation Specialist, Anabel Ledford, EHR role on the project

In-Kind Technical Support

Project implementation support will be provided by the MMH and NCHC Information Technology and Electronic Health Records Departments, the Alliance of Chicago Community Health Services, CHC Centricity Network Consultant, and by the Health Information Service Provider.

BUDGET NARRATIVE

Funds to contribute to the Health Information Exchange between North Country HealthCare and Mohave Mental Health in their clinics located in Lake Havasu, Bullhead City and Kingman are detailed below. Please see Line Item Budget with the in-kind match on attached sheet.

Personnel **\$43,371**

North Country's Healthcare Innovations Specialist (0.10 FTE-\$5313) will serve as the single point of contact for the grant. She will manage and oversee the planning and implementation efforts and demonstrate successful health information exchange. \$5312.60
NCHC's CMO (0.10 FTE-\$9,250) and **MMH's Medical Director** (0.10 FTE-\$10,207) will work with the consultants to develop the interview instrument, engage the providers in interviews, oversee all aspects of the EHR analysis, focus on evaluation and implementation.
NCHC's Referrals Patient Representative (0.10 FTE-\$2532) and **MMH's Client Records Supervisor** (0.10 FTE-\$1831.45) will assist with the development of workflows and engage in filling requests for patient care summaries.
NCHC's IT Systems Administrator (.10FTE-\$4420.49), **NCHC's EHR Implementation Specialist** (0.10FTE-\$2691), **MMH's Database Specialist** (0.10 FTE-\$2771) and **MMH's IT Manager** (0.10 FTE-\$4421) will be responsible for working with the EHR Network Specialists to collect and consolidate patient care summary elements from each organizations EHR and employ the HIE in all six clinics. They will also be responsible for workflow training at their respective sites.

Travel **\$6,229**

Travel for NCHC staff (9 RT trips to Mohave County-\$2069), MMH staff (4 RT trips to Flagstaff-\$902), HSAG Consultants (12 RT trips to Flagstaff or Mohave County-\$2400 and 6 overnight stays-\$858) at GSA rates were budgeted for face-to-face planning and operational meetings. NCHC staff on the grant work out of the Flagstaff office.

Software **\$5,400**

MMH and NCHC staff will select one of the HIE service providers in the state. Accounts will be established to cover the number of Referrals Department staff needed to cover any HIE requests between agencies (estimated at 12 per organization). There is a cost for the digital certificate (\$45/year) and Software as a Service (\$15/month/account). Online registration and training are included.

Consultants/Contracted Services **\$45,000**

Health Services Advisory Committee (HSAG)

The Health Services Advisory Committee will serve as the primary consultant in this effort. They will provide project oversight, along with a planning and operational scope of work for the project. Details are provided below.

Planning Scope of Work

20 days @ \$450 per day = \$10,000

- Assistance with development of the interview content.
- Interview 20-25 providers
- Collect and synthesize interview data and provide a summary report, to include specifications for elements to be included in primary care-behavioral health data exchange
- Develop and present recommendations for the operational plan, to include establishment of project priorities and identification of deliverables

Operational Scope of Work

35 days @ \$450 per day = \$16,000

- Assistance with implementation of basic data exchange between providers, utilizing DIRECT
- Establishment and documentation of processes and procedures to be utilized in the data exchange
- Assistance with modification of workflow and systems output to accomplish exchange of data more effectively and efficiently

Project Oversight – Coordination, evaluation, stakeholder communication.

20 days @450 per day = \$9,000

NCHC's Alliance of Chicago, Centricity EHRS Network Consultants (\$5,000) and **MMH's EHR Network Consultant** (\$5,000) will consult with IT and EHR staff from NCHC and MMH for EHR Analysis and Patient Health Summary Form Development containing the content identified through the assessment in the planning phase.

Total ASET Grant Cost for HIE Project **\$100,000**

Proposed Budget Form 2012

Period: October 1, 2012 - June 30, 2013

	Total ASET Grant Cost	North Country in- Kind Match	Mohave Mental Health Match	Total Project Budget
Staff Salary and ERE				
NCHC - Healthcare Innovations Specialist (0.1 FTE)	\$ 5,312.60	937.40	0.00	\$ 6,250
NCHC - Chief Medical Officer (0.10 FTE for 9)	\$ 9,250.00	15,750.00	0.00	\$ 25,000
NCHC - Chief Executive Officer (0.03 FTE)		5,625.00		\$ 5,625
NCHC - Referrals Patient Representative (0.10 FTE)	\$ 2,531.93	1,247.07		\$ 3,779
NCHC - IT Systems Administrator (0.10 FTE)	\$ 4,355.00	2,145.00		\$ 6,500
NCHC - EHR Implementation Specialist (.10 FTE)	\$ 2,691.39	1,325.61		\$ 4,017
NCHC - Provider time for interviews Estimated at \$200/hour @ 11 interviews (1.5 hour each)	\$ -	2,200.00		\$ -
MMH - IT Manager (0.1 FTE)	\$ 4,420.49		2,177.26	\$ 6,598
MMH - Database Specialist (0.1 FTE)	\$ 2,770.53		1,364.59	\$ 4,135
MMH - Chief Executive Officer (0.03 FTE)	\$ -		4,123.59	\$ 4,124
MMH - Client Records Supervisor (.10 FTE)	\$ 1,831.45		902.06	\$ 2,734
MMH - Dr. Mohamed Ramadan, Medical Director (.10 FT)	\$ 10,207.61		17,380.52	\$ 27,588
MMH - Provider time for interviews Estimated at \$200/hour @ 11 interviews (1.5 hour each)	\$ -		2,200.00	\$ 2,200
SUB TOTAL OF SALARY AND ERE	43,371.00	29,230.08	28,148.02	\$ 98,549
Travel				
NCHC - 9 RT to Mohave County (410 miles @ \$0.55)	2069	0.00		\$ 2,069
MMH - 4 RT to Flagstaff (410 miles @ \$0.55)	902		0.00	\$ 902
HSAG - 12 RT to Mohave/Flagstaff (200 @ \$0.55)	2400	0.00	0.00	\$ 2,400
HSAG - 3 hotel stays @ \$77 hotel + \$46 per diem and 3 hotel stays @ \$97 hotel + \$66 per diem (GSA Rates)	858	0.00	0.00	\$ 858
SUB TOTAL TRAVEL AND HOTEL	6,229.00	0.00	0.00	\$ 6,229
Software				
NCHC - 10 accounts for GSI Health or Impriva + monthly	2700	0.00		\$ 2,700
MMH - 6 accounts for GSI Health or Impriva + monthly fee	2700		0.00	\$ 2,700
SUB TOTAL SOFTWARE	5,400.00	0.00	0.00	\$ 5,400
Consultants/Contracted Services for HIE Planning and Operation				
Health Services Advisory Group Planning Scope of Work	10000	0.00	0.00	\$ 10,000
Health Services Advisory Group Operational Scope of Work	16000	0.00	0.00	\$ 16,000
Health Services Advisory Group Project Oversight	9000	0.00	0.00	\$ 9,000
NCHC - Alliance of Chicago, Centricity EHR Network Consultants for EHR Analysis and Patient Health Summary Form Development	5000	0.00	0.00	\$ 5,000
MMH - EHR Network Consultants for EHR Analysis and Patient Health Summary Form Development	5000	0.00	0.00	\$ 5,000
SUB TOTAL OF CONSULTANTS/CONTRACTS	45,000.00	0.00	0.00	\$ 45,000
TOTAL	100,000.00	29,230.08	28,148.02	\$ 155,178

* All North Country positions have a 25% ERE rate and all Mohave Mental Health positions have a 30% ERE rate.