



Cover Sheet

Lead Applicant: Prime Care Hospice, LLC

Co-Applicants: Dr. Amardeep Majhail

Contact Information for Person Completing the Application:

Lori Hutchings, MS

4225 W Glendale Ave, Suite A200

Phoenix, AZ 85051

(623) 847-2323

lhutchings@primecarehospice.com

Executive Sponsors: Owner: Satwana Bhowra; CEO: Karen Spadaro, RN, CHPN

Date Applying to ASET: November 16, 2012

Total Dollar Amount Requested: \$100,000.00 with a match
by Prime Care Hospice, LLC of \$50,000.00

Prime Care Hospice

4225 W. GLENDALE AVE., SUITE A200 PHOENIX, AZ 85051
PHONE: (623) 847-2323 FAX: (623) 847-2626





Cover Letter

Arizona Strategic Enterprise Technology
 Unconnected Healthcare Providers Health Information Exchange Grant Program
 100 N 15th Avenue, Suite 400
 Phoenix, AZ 85007

Dear Ms. Patel;

Enclosed please find a proposal for the Unconnected Healthcare Providers Health Information Exchange Grant from Prime Care Hospice, LLC. Prime Care Hospice and partner Dr. Amardeep Majhail are requesting \$100,000 to purchase software and hardware, train staff members, and implement electronic health exchange. The \$50,000 match will be provided by Prime Care Hospice, LLC. Prime Care Hospice will be implementing electronic health exchange with primary care physicians, skilled nursing and assisted living homes, and hospitals that refer patients to Prime Care. The ONC health information exchange priority addressed will be #3. Facilitating transitions of care by sharing patient care summaries across unaffiliated organizations.

Prime Care Hospice is a Medical Specialty Organization providing home hospice services. Home is defined as wherever the patient resides.

Prime Care Hospice's patient population is made up almost exclusively (90%) of Elderly Medicare patients. This underserved population often falls through the medical cracks. According to a 2006 article from the Journal for Healthcare Quality, "Home healthcare is a component of the healthcare industry uniquely positioned to improve transitional care and outcomes for the growing population of older adults with continuous complex needs." (Naylor, 2006). Funding from the Unconnected Providers HIE Grant would allow Prime Care Hospice to become one of the electronic liaisons that elderly patients need so badly.

Prime Care Hospice is a partner in the We Honor Veterans program, and 3% of patients served in the past 12 months were uninsured (pro-bono). Additional underserved population: 2.5% of Prime Care patients served in the past 12 months were of Limited English Proficiency. Prime Care Hospice is located in a Department of Health and Human Services designated Health Providers Shortage Area.

Prime Care Hospice served a total of 1508 patients in the previous 12 months. 36% of these were transitioned from Primary Care Physicians or Nurse Practitioners, 9% were transitioned from hospitals, and 19% were from skilled nursing and assisted living homes. With the addition of

Prime Care Hospice

4225 W. GLENDALE AVE., SUITE A200 PHOENIX, AZ 85051
 PHONE: (623) 847-2323 FAX: (623) 847-2626



electronic health information exchange, patient care summaries between Prime Care Hospice and these sources can be facilitated to ensure ease of patient transitions.

As a home medical care agency, Prime Care Hospice often encounters patients that do not fit in the categories outlined by traditional medical care. Patients are frequently referred to home medical care agencies when they need help, but do not necessarily meet the regulatory requirements for hospice or home health. In order to better serve this population, Prime Care Hospice is currently developing a home Palliative Care program, as well. This program is now in its infancy, providing social services, volunteers, and spiritual support, with case by case medical attention, as needed.

The use of certified EHR technology for the electronic exchange of health information to improve the quality of health care is a focus of the Affordable Care Act, as is the implementation of evidence-based practices. Home medical care, such as that provided by Prime Care Hospice, is an integral part of the medical infrastructure. There are currently communication gaps between home medical care providers, such as Prime Care Hospice, and primary care physicians, hospitals, skilled nursing facilities, and other medical providers. According to the National Quality Forum, "The U.S. healthcare system is fragmented, with patients, families, and caregivers forced to navigate an increasingly complex system filled with inefficiencies. Lack of care coordination leads to serious complications, including medication errors, preventable hospital readmissions, and unnecessary pain and suffering for patients." This is especially true with the Elderly and Limited English Proficiency populations, which are precisely the populations Prime Care would like to target with the grant funding.

Also from the National Quality Forum, "The National Quality Strategy aims to promote effective communication and coordination of care across the healthcare system by focusing on three goals:

1. Improve the quality of care transitions and communications across care settings.
2. Improve the quality of life for patients with chronic illness and disability by following a current care plan that anticipates and addresses pain and symptom management, psychosocial needs, and functional status.
3. Establish shared accountability and integration of communities and healthcare systems to improve quality of care and reduce health disparities."

Prime Care Hospice is planning to address the 1st goal of the National Quality Strategy aims by utilizing the funds received through the Unconnected Healthcare Providers Health Information Exchange Grant for the purposes of connecting electronically to primary care physicians, skilled nursing facilities, assisted living communities, and hospitals.

Prime Care Hospice is positioned to become a leader in the hospice community in Maricopa County. A relatively young mid-sized hospice company, Prime Care Hospice prides itself on low caseloads for the RN Case Managers, and concentrates on delivering the highest quality patient care. In 93% of patient and family satisfaction surveys returned in the 3rd quarter of 2012, the person filling out the survey marked that he/she would "definitely" recommend Prime Care Hospice.

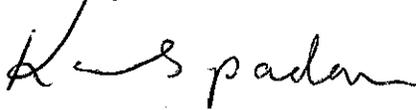
Prime Care is dedicated to quality assurance, performance improvement, and evidence-based practices - and we can back our words up with data! Prime Care recently participated in the pilot study for the collection of the CMS Hospice Quality Measures prior to the required reporting period of Oct. 2012-Dec. 31, 2012. Prime Care also recently applied to become a part of Banner Healthcare Network's Accountable Care Organization, and is now involved in IPC Hospitalist's PATH program designed to reduce hospital re-admissions in post-care situations.

With the current driving force for quality improvement in the overall healthcare system initiated by the Affordable Care Act, we at Prime Care feel we are lacking in one area: electronic health care information exchange. Prime Care Hospice is still utilizing paper documentation. If we are able to procure funding to aid in implementing the hardware and software necessary to communicate electronically with our partners in the health care industry, we can improve the quality of our medical care. We can be certain we are providing evidence-based practices by tracking and trending data electronically. We can work with our healthcare provider partners to provide seamless transitions for our underserved Elderly, Uninsured, Veteran, and Limited English Proficiency patients.

Additionally, with the implementation of the necessary hardware and software, Prime Care Hospice will have an enhanced ability to contribute meaningfully to supporting the Quality Measures and evidence-based practices initiatives required by other healthcare providers via the Affordable Care Act. Prime Care intends to partner with primary care physicians, skilled nursing facilities, assisted living facilities, and hospital systems to create better transitions across the medical care continuum.

Thank You for Your Consideration.

Sincerely,



Karen Spadaro, CEO
Prime Care Hospice, LLC

References Cited:

Mor, Vincent, Ph.D. (2012). Testimony for Senate Special Committee on Aging at www.aging.senate.gov

Naylor, Mary (2006); *Transitional Care: A critical dimension of the home healthcare quality agenda*. Journal for Healthcare Quality. 28(1): 20-28.

National Quality Forum at www.hhs.gov

Wilson, Elisabeth, M.D., M.P.H., et al (2005); *Effects of limited English proficiency and physician language on health care comprehension*. Journal of General Internal Medicine. 20: 800-806
Prime Care Hospice

1. The Project Description and Partner Relationship/Collaborative Structure:

- *Brief Organizational Descriptions:* Prime Care Hospice is a privately owned, Medicare licensed, CHAP accredited hospice agency operating in Maricopa County Arizona. Organizational structure is:
 - Governing Board
 - Medical Director (1), and Associate Medical Directors (3)
 - Acting CEO and Director of Clinical Services reports to Governing Board
 - Leadership Team comprised of: Director of Quality Assurance Performance Improvement (1), Director of Human Resources (1), Business Office Manager (1), Acting Director of Marketing (1), and the Patient Care Manager (1) report to CEO and Director of Clinical Services (1)
 - Spiritual staff (3), Bereavement Counselor (1), and Volunteer Coordinator (1) report to Director of Clinical Services
 - Quality Assurance (1), Medical Records (1), and Supplies staff (also a CNA) report to Director of Quality Assurance Performance Improvement
 - Administrative staff (2) report to Business Office Manager
 - Community Liaisons (4), and Admissions Coordinator (1) report to Acting Director of Marketing
 - Nursing staff (14), Certified Nursing Assistants (9), and Social Work (4) staff report to Patient Care Manager
 - Prime Care Hospice currently utilizes paper reports, faxes, and phone calls to communicate with other healthcare providers.
- *Geographic Area and Demographics:* Prime Care Hospice serves Maricopa County.
 - Demographics of the population served in the last 12 months:
 - 90% Elderly Medicare patients, 10% non-elderly patients
 - 91% Caucasian, 5% Hispanic (half of which were of Limited English Proficiency (2.5 % of the total), 2% African American, and 1% Native American
 - 39% of patients served by Prime Care Hospice in the past 12 months came from Primary Care Physicians and Nurse Practitioners, 9% of patients served by Prime Care Hospice in the past 12 months came from Hospitals, and 19% of patients served by Prime Care Hospice in the past 12 months came from Skilled Nursing and Assisted Living Homes
- *The business processes that the health information exchange will assist with improving include:*
 - Expedient and improved communication with primary care physicians concerning their patients who are receiving hospice services. Improved communication will aid in smooth transitions between care providers
 - Expedient and improved communication with skilled nursing facilities, hospitals, and other healthcare providers concerning hospice patients. Improved communication will aid in smooth transitions between care providers

- Improved quality of care for patients receiving hospice services due to improved ability for collaboration between Prime Care Hospice, discharge planners, primary care physicians, hospitals, skilled nursing facilities, and other involved parties
- Improved ability to collect and analyze data pertaining to Quality Measures, and improved ability to implement evidence-based practices
- Improved quality assurance performance improvement activities for Prime Care Hospice
 - improved communication is essential to quality assurance and performance improvement
 - the ability to analyze data and track trends electronically lends itself to improved patient care and quality assurance performance improvement activities
- *HIE funds will allow Prime Care Hospice to meet business objectives by:* allowing the purchase of appropriate equipment and software for the implementation of health information exchange between Prime Care Hospice and primary care physicians, skilled nursing facilities, as well as medical and discharge personnel from hospitals, clinics, etc.
 - Equipment purchase to include: Hardware for field staff to utilize for record entry into EHR, and connectivity to the physician portal and ability to implement the skilled nursing facility portal
 - Software purchase to include: Sun Coast Solutions Software, Implementation, and Training. This includes the physician portal that allows Prime Care Hospice staff to utilize electronic exchange of health information to improve the quality of health care. It also includes the QAPI console set up and training fees.
- *How the project will serve the needs of the underserved and low income populations:* The project will help Prime Care Hospice to better serve the needs of the Elderly and Limited English Proficiency populations by allowing increased communication between Prime Care Hospice, the primary care physicians who know their patients well, skilled nursing facilities, and other healthcare providers. HIE will also allow for communication between Prime Care Hospice and hospital (and other medical) discharge planners. Due to the improved communication, HIE will allow Prime Care Hospice to improve the quality of patient care by providing patient care summaries across unaffiliated organizations, improving medication reconciliation, ensuring patients meet with primary care physicians post-hospital discharge, and ensuring patients take medications as prescribed. This is particularly important in the care of the Elderly, Low Income, and Limited English Proficiency populations because they are the ones who tend to fall through the medical cracks.
 - In reference to the Elderly population, Vincent Mor, Ph.D. in his testimony for the Senate Special Committee on Aging stated, “High rates of transition from one medical setting to another result in medical errors, problematic care coordination, duplication of services, and relocation stress for these frail older persons.”

- In reference to the Limited English Proficiency population, Wilson, et al (2006) had this to say, “Limited English proficiency is a barrier to medical comprehension and increases the risk of adverse medication reactions.”
- *Prime Care Hospice, LLC will serve as the fiscal agent on this project*
- *Project Lead: Lori Hutchings, MS: See Attached Resume’*
- *Co-Applicant: Dr. Amardeep Majhail: Grand Medical Associates*

2. Project Work Plan:

- *Milestones and expectations with time-specific objectives for the project include:*
 - Purchase of field staff hardware
 - To be completed by February 15, 2013
 - Purchase of software to enable HIE via physician portal
 - To be completed by February 15, 2013
 - Training on use of field staff hardware
 - To be completed by March 31, 2013
 - Training on use of software to enable HIE via physician portal
 - To be completed by March 31, 2012
 - Implementation of field staff hardware
 - To be completed by April 30, 2013
 - Implementation of software
 - To be completed by April 30, 2013
 - Collection of data and electronic exchange of information
 - To be completely implemented and functioning by June 30, 2012
- *Communications Plan to ensure all stakeholders are kept informed of goals and progress*
 - Monthly reports written by Project Lead will be issued to all stakeholders detailing measureable goals and progress towards those goals
- *Plans for staff training for implementation*
 - Suncoast Solutions to provide implementation, continuous evaluation, system operation and maintenance, and technical support resources
- *Names, Titles, and organizations of the primary project team members*
 - Lori Hutchings, MS: Project Lead Prime Care Hospice (Project Coordination, Reporting, and Oversight)
 - Karen Spadaro, RN, CHPN: CEO/Director of Clinical Services Prime Care Hospice (Project Oversight)
 - Irene Davidson, RN: Patient Care Manager Prime Care Hospice (Clinical Staff Training Implementation)
 - Julie Wingard, BS: Business Office Manager Prime Care Hospice (Project Coordination)
 - Sam DeLeon: IT Specialist Prime Care Hospice (Project Implementation)
 - Dr. Amardeep Majhail (Partner in HIE with Primary Care Physicians)

3. Line Item Budget:

<i>Description</i>	<i>Cost</i>	<i>Total</i>
Hardware for Field Clinical Staff	\$27,856.88	
Software Suncoast Solutions	\$28,000.00	
Licenses Suncoast Solutions	\$23,040.00	
Implementation and Training Suncoast Solutions	\$30,950.00	
Software Support and Maintenance	\$9442.40	
CellTrak Patient Specific Care Data Plan	\$5000.00	
Prime Care Hospice Cash Match (covering extra \$24,289.28 over \$100,000.00 funding request)	\$24, 289.28	
Prime Care Hospice In-Kind Match (Salary for Project Coordination)	\$25,710.72	\$150,000.00

4. Budget Narrative:

Salary and Fringe: Portion of IT Specialist's Salary to be paid by Prime Care Hospice as in-kind match for Project Coordination. 80% of IT Specialist's time will be devoted to the project for the time period of the grant.

Equipment: Dell Latitude E5420 hardware for field staff, Intel Core i3-2330M, 2.20GHz, 3MB Cache, Dell Latitude E5X20

Software: Suncoast Solutions developed software, training, and implantation
CellTrak Patient Specific Care Data Plan

In-Kind Match: Cash Match \$24, 289.28, Salary for Project Coordination \$25,710.72



November 15, 2012

Dr. Amardeep Majhail: Phoenix, AZ

Re: Prime Care Hospice application for the ASET Unconnected Healthcare Providers Health Information Exchange Grant

Dear Grant Committee Members;

As a physician who shares patients with Prime Care Hospice, I agree to support them and participate in their endeavor to implement and utilize electronic health information exchange. I also support their efforts to receive the ASET Unconnected Healthcare Providers Health Information Exchange Grant.

I am confident about Prime Care Hospice's Services, and I have been impressed with their quality of care. Because of their dedicated and compassionate staff members, Prime Care Hospice has a positive effect on the patients and the families they serve.

When Prime Care Hospice achieves the ability to utilize electronic health information exchange, I, and other primary care physicians who work with Prime Care, will have the ability to communicate more effectively and efficiently concerning the patients we share. This will allow for improved quality of patient care, particularly in the areas of medication reconciliation and continuity of care. Additionally, Prime Care will be poised to participate in Accountable Care Organizations. They will also be able to help other healthcare providers meet their requirements for reporting CMS Quality Measures by contributing to data collection and analysis.

Please consider Prime Care Hospice the best choice for the receipt of the ASET Unconnected Healthcare Providers Health Information Exchange Grant in Maricopa County. They are forward thinking, and have already shown their commitment to quality improvement and transparent accountability by their participation in the pilot study for reporting the CMS Hospice Quality Measures.

Thank You.

Sincerely,

Dr. Amardeep Majhail



Lori Hutchings, MS

(435) 669-6957

4045 W Bell Rd., Apt 2025.

Phoenix, AZ 85053

lorihut@gmail.com

Experience:

July 2012-Present

Prime Care Hospice

Phoenix, AZ

Director of Quality Assurance and Performance Improvement

- Responsible for Quality Assurance/Performance Improvement: development and implementation of processes to ensure ongoing quality improvement
- Responsible for Staff Development including: documentation, quality improvement, regulatory requirements
- Responsible for Regulatory Oversight: development and implementation of processes to ensure compliance with all regulations
- Responsible for Compliance Program

November 2009-July 2012

Zion's Way Home Health and Hospice

St. George, UT

Quality Assurance Manager/Director of Education

- Responsible for Joint Commission accreditation at several agency sites
- Responsible for developing and implementing processes/policies and procedures to insure compliance with regulations
- Developed and implemented new employee Orientation materials as well as ongoing training materials
- Responsible for increasing exposure and census, supervision/coaching of Marketing staff, development, implementation and oversight of Marketing budget
- Project Manager for Allscripts implementation (Electronic Health Record system)

April 2007-March 2009

The Children's Campus

Mishawaka, IN

Director of Transitional and Independent Living Services/Marketing Director

- Managed agency Marketing, and Customer Satisfaction
- Managed Quality Control including adherence to multi-state, federal, and Joint Commission standards for federally funded Transitional Living Program
- Managed Transitional and Independent Living programs, including program development and implementation, budget implementation and oversight, \$1,000,000 federal grant, all facility audits, and supervision/coaching/training of staff members

May 2001-April 2007

The Children's Campus

Mishawaka, IN

Division Director: Child Treatment Services Division/Unit Director/Unit Therapist

- Managed variety of residential treatment programs for young children, including supervision/coaching of 65 staff members
- Aided Executive Director in developing and writing policies and procedures
- Responsible for adherence to Joint Commission, federal and multi-state regulations, safety and OSHA management in this division
- Developed and implemented new employee Orientation materials as well as ongoing training materials
- Developed and implemented program design and provided oversight to division, and separate unit budgets
- Responsible for adherence to Joint Commission and multi-state standards, safety and OSHA management for these units
- Provided individualized treatment for young children and their families utilizing best practices approaches
- Co-Project Manager for Therascribe implementation (Electronic Health Record system)

1996-2001

Health Advance (now nTouch Research)

South Bend, IN

Patient Recruitment Specialist/Community Relations Representative

- Recruited and screened patients for medical research studies
- Presented wide variety of educational seminars on medical topics to community groups
- Acted as liaison to doctors, medical clinics, and hospitals

1993-1996

Bayer: Haarmann and Reimer Food Ingredients Division

Elkhart, IN

Assistant Process Development Scientist/Senior Laboratory Technologist

- Resident expert on patented spray granulation system for Citric Acid
- Responsible for all fermentation scale-up and trial runs in Process Development Pilot Plant
- Strain development for Citric Acid production
 - Mutagenesis, Purification, Propagation, Screening, Scale-up, and Preservation of mutants developed for production improvement
 - Developed techniques for strain advancement utilizing unique mutagenesis, and DNA manipulation of fungal production cultures

1988-1993

Enzyme Research Laboratories

South Bend, IN

Laboratory Supervisor/Laboratory Technologist

- Responsible for new product research and development
 - Purification and production of hematologic and fibrinolytic proteins and enzymes for research use
- Responsible for safety, adherence to regulations, OSHA and MSDS management
- Supervision of laboratory personnel

Lori Hutchings, MS

(435) 669-6957

4045 W Bell Rd., Apt 2025

Phoenix, AZ 85053

lorihut@gmail.com

Education:

1997-2001	Indiana University, South Bend	South Bend, IN
M.S. Counseling and Human Services		
1984-1988	St. Mary's College	Notre Dame, IN
B.A. Psychology with strong concentration in Biological Sciences		

Expertise:

- **Quality Control/Emergency Management/Infection Control:** Proven success in home health care agency into compliance with JCAHO standards, and maintaining compliance with state and federal regulations. Developed, implemented, and maintained multiple quality control and improvement systems, Emergency Operations Plan, and Infection Control Plan for recent employer (home medical care agency)
- **Project Management:** Proficient in developing, implementing and maintaining multiple projects at any given time including development of Quality Performance Improvement to meet federal, state, local and JCAHO standards for recent employer (home medical care agency). Proven Success in development and implementation of programming/budget for \$1,000,000 federal grant for large behavioral health agency
- **Program/Process/System Improvement, Design and Implementation:** Proficient in developing and establishing programs, systems and processes that meet federal and state regulations and JCAHO standards. Expertise in developing, implementing and overseeing the utilization of various documentation and audit tools to maintain high level of quality care.
- **Grant Writing and Management:** Proven success in procuring funds from private foundations, county, state, and federal governments; including arts grants for local community theatres, and \$1,000,000 Transitional Living Program federal grant (from Department of Health and Human Services) for recent employer. Management of grants including budgeting, audits, data submission, and statistical reports
- **Research and Development:** Accomplished at maintaining current global perspective on state/national trends in fields of home medical care and behavioral healthcare, and guiding development of agency growth accordingly
- **Customer Service:** Excellent liaison with agency employees, as well as current and prospective referral sources; skilled at dealing with challenges and designing/implementing strategies to improve agency performance and customer satisfaction for both internal and external customers
- **Marketing:** Proven success in guiding vision and direction of marketing tactics in a difficult economy and amidst statewide changes; allowing agency to maintain financial stability
- **Supervisory:** Effective coaching and leadership; proficient at coaching disgruntled employees into effective teams and shaping skilled employees into excellent performers
- **Public Speaking/Events:** Established presenter for local, state, and national events (while in Indiana); instituted ongoing evidence based practices series with statewide attendance; regularly conducted statewide workshops and spoke at a variety of professional conferences