



# **HEAL NY – Phase 10**

## ***Health Information Technology Grants***

*Improving Care Coordination and Management through a Patient Centered  
Medical Home Model Supported by an Interoperable Health Information  
Infrastructure*

Applicant Conference - April 16, 2009 10am to 1pm  
Empire State Plaza, Meeting Room 3  
Albany, New York



# Today's Agenda

- HEAL NY Phase 10 Health IT RGA
  - Ground Rules
  - Overview and Goals
  - Allowable Costs
  - Application
  - Awards Process
  - Questions and Answers



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# Ground Rules

1. Verbal responses provided by the panel at today's conference are unofficial. The official responses will appear in the "Q&A" document that will be published regularly throughout the Q&A period.
  - Q&A period ends 5pm on May 11, 2009
  - [healthit@health.state.ny.us](mailto:healthit@health.state.ny.us)



# Ground Rules (cont'd)

2. Private questions cannot be answered.
  - Ask all questions to the panel as part of the Q&A portion of the conference.
3. A transcript of today's conference will be published.
4. An attendee roster and a copy of this presentation will be published.
5. All attendees are required to complete and submit a NYS "Notice of Appearance" before leaving today.



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# HEAL NY Phase 10 Strategic Focus

- Continue to advance New York's health information infrastructure, moving from phase 1 to phase 2 ("infancy to childhood") based on clinical and programmatic priorities and specific goals for improving quality, affordability and outcomes.
- Aligning health information infrastructure as an underpinning to improved coordination of patient care leveraging new care delivery and reimbursement models - the Patient Centered Medical Home (PCMH).
- Build upon HEAL NY Phase 5 from a health information infrastructure perspective and go much further with respect to aligning key health reforms included in the PCMH model to improve care.



# Four Components

- \$60 million to improve care coordination and management through a Patient Centered Medical Home supported by Health Information Infrastructure - RGA
- \$30 million to advance Phase 2 of the Statewide Health Information Network for New York (SHIN-NY) under a contract with DOH and New York eHealth Collaborative
- \$5 million to support collaboration process
- \$5 million to support evaluation of projects





# Framework for New York's Health Information Infrastructure

*“Cross-Sectional” Interoperability – People, Data, Systems*

## NYS Strategy

### ACCESS

HEAL 5 and 10

### AGGREGATE & ANALYZE

HEAL 5 and 10

### SHARE

HEAL 5 and 10

**Clinician/EHR  
Consumer/PHR Community**

**Clinical Informatics Services**

Aggregation - Measurement - Reporting

**Statewide Health Information Network – NY  
(SHIN-NY)**

## Alignment with ARRA “Meaningful Use” of EHR

Certified EHR with  
electronic prescribing

EHR that includes clinical decision support and also submits information on clinical quality measures and other measures as selected and in a form and manner specified by the Secretary

EHR that is “connected in a manner” that provides for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination



# HEAL 10 RGA Requirements

- **Improve the coordination and management of care across the full continuum of care for a target patient population** through a Patient Centered Medical Home (PCMH) model supported by the implementation and effective use of interoperable health IT.
- **Identify a target patient population with a chronic disease or high risk/high cost diagnosis and support a PCMH** through which the care of the target patient population will be coordinated and managed.
- **Include a Community Health Information Technology Adoption Collaboration (CHITA)** responsible for promoting and supporting implementation of interoperable EHRs and other health IT tools and ensuring their effective adoption and use to support the PCMH model. (§ 3.2.1 and 3.3.5)



# HEAL 10 RGA Requirements (cont'd)

- **Collectively, the target patient population, PCMH and CHITA are organized as a Care Coordination Zone (CCZ) to ensure effective organization and management of the project.**
- **Include a partnership with a state recognized Regional Health Information Organization.** The role of RHIOs is to support the implementation of the Statewide Health Information Network for New York (SHIN-NY) through participating in the Statewide Collaboration Process and implementing and ensuring compliance with Statewide Policy Guidance. (Attachment 6.3 – Stakeholder Template)



# Participants in a Care Coordination Zone

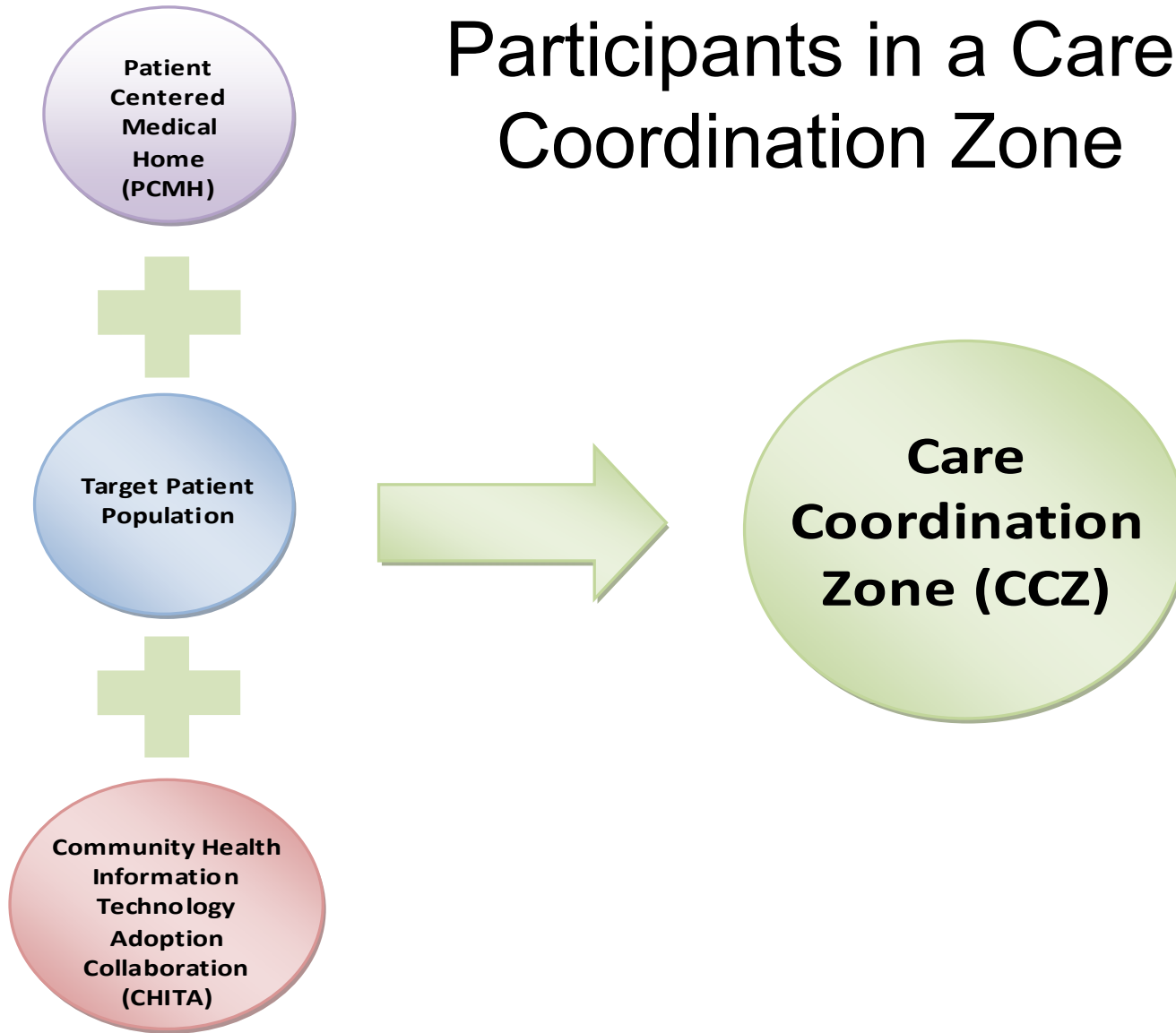


Figure 3.0 – Participants in a Care Coordination Zone (CCZ)



## Care Coordination Zone (CCZ)

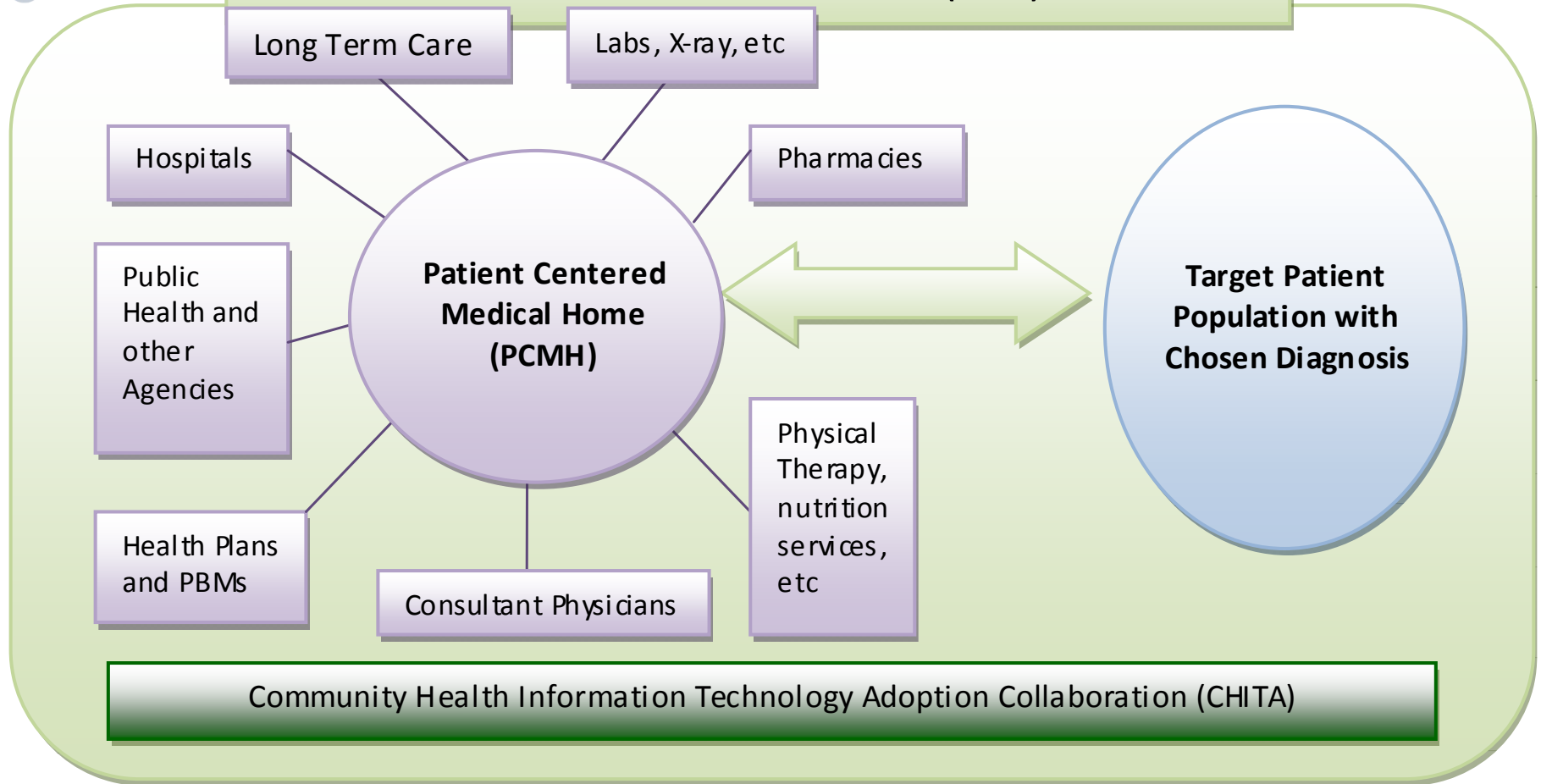


Figure 3.1 – Components of a Care Coordination Zone (CCZ)

(Lines connecting to PCMH represent organizational relationships and not data flow)

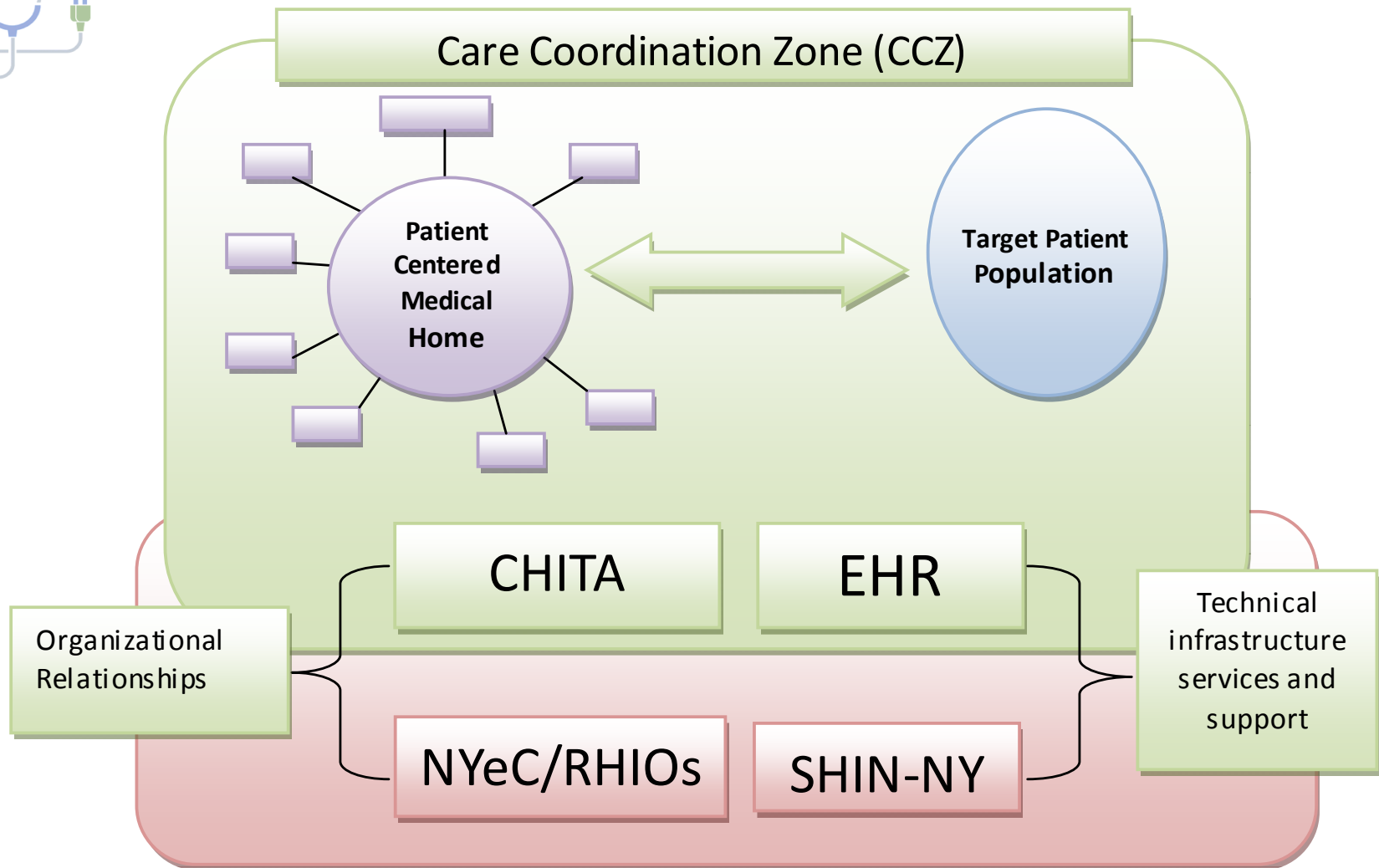


Figure 3.2 – Relationship of the CCZ with regional and statewide organizational and technical infrastructure services and support



# Applicants are required to:

## **Define a CCZ around which the proposed project will be organized and managed, including:**

- A target patient population with a chronic disease or high risk/high cost diagnosis
- A PCMH model, with primary care physicians at the center of coordinating patient care, including specialists, other providers, payers, clinical organizations and caregivers, including hospitals, nursing homes, rehabilitation centers, home health care agencies, etc.
- Agreement to comply with PCMH requirements as they are promulgated by the Commissioner of Health
- A CHITA to provide health IT adoption and support services to the PCMH to:
  - Ensure proper implementation, configuration and effective use of interoperable health IT;
  - Train providers how to use information to realize the expected quality and efficiency benefits from health IT tools;
  - Support the clinical practice transformation embedded in the PCMH that includes adoption and effective use of EHRs, new reimbursement models (optional) and engagement of patients in their care; and
  - Share best practices and resources through the Statewide Collaboration Process.



# Applicants are required to:

- Demonstrate improved coordination and management of patient care for the target population based on clearly defined measures determined to be important through the Statewide Collaborative Process.
- Explain how information will be routinely shared with patients so they are at the center of their care and a part of making informed choices.
- Explain the method that will be used to share information gained from evaluation of the project with project stakeholders in a timely manner.
- (Optional) Include payers in the project to implement new reimbursement reform models.





# Lead Applicant (§ 3.2.1)

- A designated stakeholder participant in a PCMH that has an active role in the care of the target patient population and is an active participant in a state recognized RHIO, or
- A Community Health Information Technology Adoption Collaboration (CHITA) – a health IT adoption and services organization to promote the adoption and effective use of interoperable EHRs and other health IT tools to support quality improvement - on behalf of one or more PCMHs



## Required Participants (§ 3.2.2)

- All appropriate types of providers and caregivers within the PCMH who provide care to the target patient population.
- At least 50% of appropriate patients, providers and caregivers that are part of the PCMH who provide care to the target patient population.
  - Applications including greater than 50% of the appropriate providers and caregivers will be scored more favorably. Ideally, applications will include over 70% of the appropriate providers and caregivers.
  - If less than 50%, application will be rejected!



# Required Participants

Minimum 50%  
Goal > 70%



Minimum 50%  
Goal > 70%



Minimum 50%  
Goal > 70%





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# Allowable Costs (§ 3.3.6)

- Eligible project costs only include expenditures for the implementation of interoperable health information infrastructure
  - including interoperable electronic health records and other health IT tools;
  - clinical informatics services; and
  - connecting to the Statewide Health Information Network for New York (SHIN-NY) and data sharing and access for other care givers for patients with the chosen diagnosis.



# Allowable Costs - EHRs

- Costs of purchase and implementation of interoperable electronic health records (EHRs) for providers involved in the care of patients with the chosen diagnosis including:
  - Primary care practices implementing the PCMH and key specialty practices.
  - Up to 25% of the cost of EHRs for small hospitals or long term care facilities.



# Allowable Costs (cont'd)

- CHITA services to
  - promote the implementation of interoperable EHRs and other health IT tools;
  - ensure their successful adoption and effective use to support the PCMH;
  - enable improvements in health care quality, affordability and outcomes.



# Allowable Costs (cont'd)

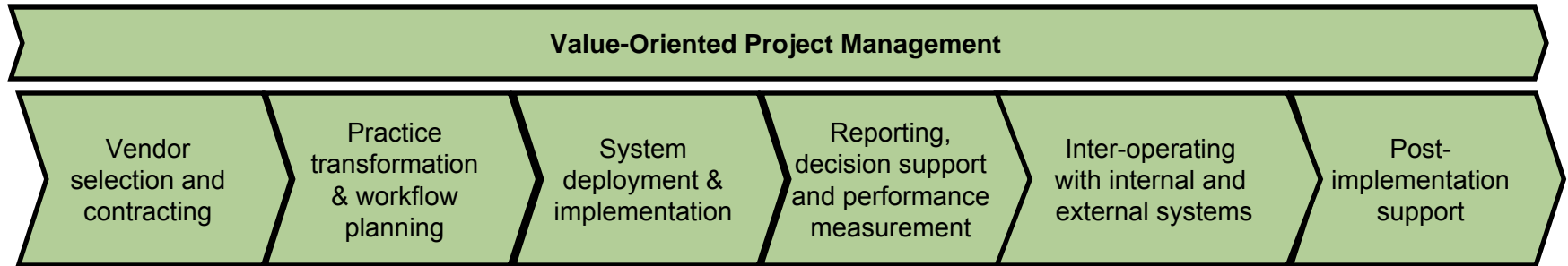
- CHITA services to
  - support organization development, readiness assessments, change management, project and implementation management, process and quality improvement, and other activities necessary for providers to realize expected benefit from health IT and achieve quality and efficiency goals and improve care coordination and management.





# Allowable Costs (cont'd)

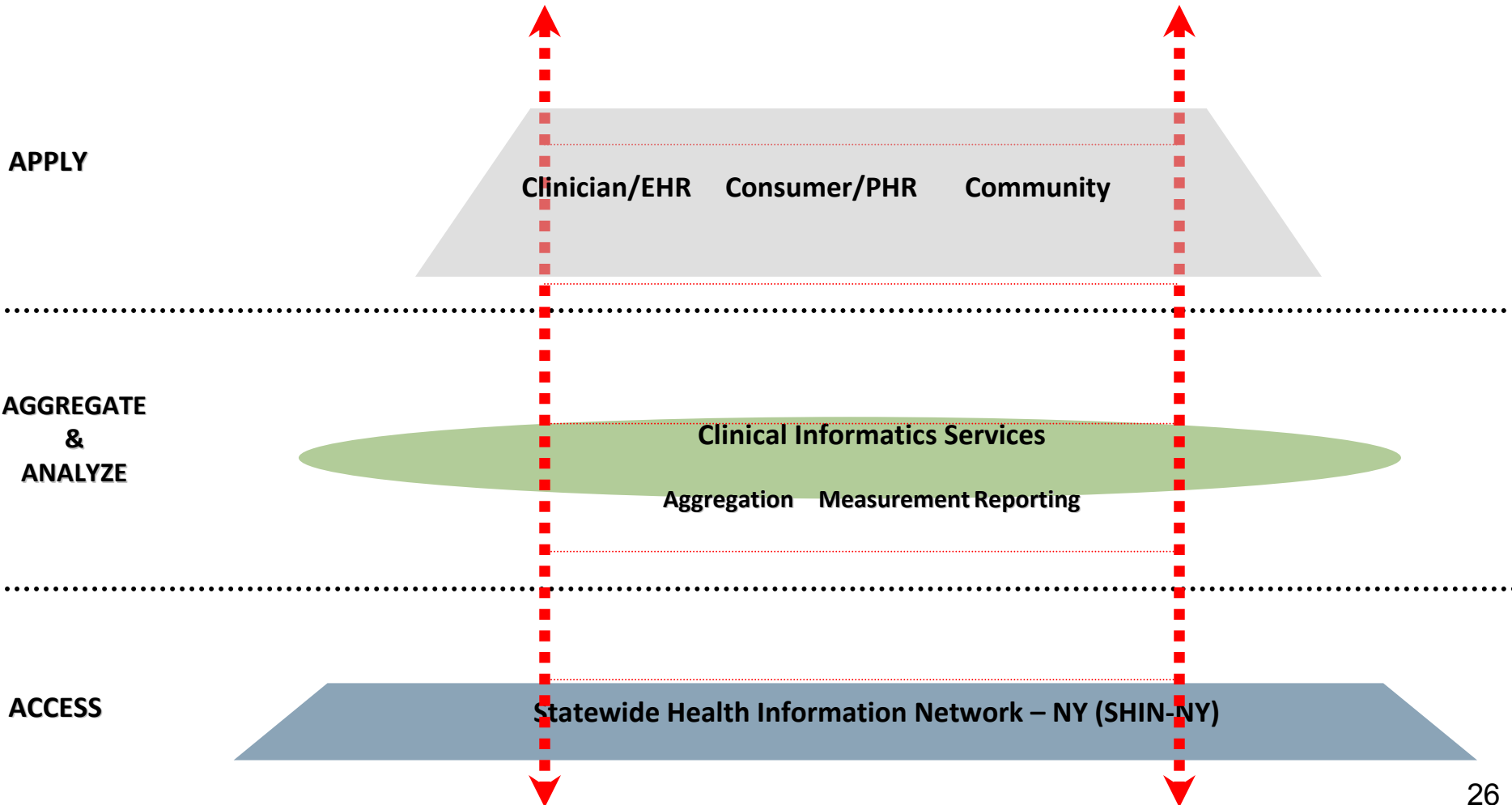
## ***EHR Implementation Chain***





# Framework for New York's Health IT Strategy

*"Cross-Sectional" Interoperability – People, Data, Systems*





# Allowable Costs (cont'd)

- Grants will be made for up to 50% of total project costs.
- Matching fund requirement is 50% of total project cost.
- Applicant allocation of funds (§ 8.2.4)
  - Non-capitalizable expenses must not exceed 40% of total reimbursable expenses.
- Expenses are allocated based on a milestone budget; includes HEAL NY Phase 10 funds and matching funds.



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# Application (§ 5.1.2)

- Part I: Program Application
- Part II: Financial Application



# Program Application (§ 5.1)

- Maximum of 30 pages
- Include all forms from Section 8
- Application check list (§8.1.1)
- Ensure no cost information is included



# Program Application (cont'd)

- Pass/Fail Review (Attachment 6.15)
- Pass/Fail Review (Attachment 6.15)
- Pass/Fail Review (Attachment 6.15)
- Pass/Fail Review (Attachment 6.15)
- Pass/Fail Review (Attachment 6.15)
- Pass/Fail Review (Attachment 6.15)



# Financial Application

- Budget Worksheet.xls
  - Project Budget
  - Project Funding (including 50% match)
  - Revenue & Expense Projections
  - CHITA Services Template
- Cost Effectiveness
- Applicant Financial Sustainability
- Project Financial Sustainability





# Project Budget

Milestone	Quarter	Project Cost Categories (HEAL 10 Funding)					(F) TOTAL HEAL 10 FUNDS	Capitalizable / Non Capitalizable		(I) Total Capitalizable / Non Capitalizable	Applicant Match		(N) Total Match	(O) Total Project Expenses
		(A) Software	(B) Hardware	(C) Personnel	(D) Contractual Services	(E) Other NPS		(G) Capitalizable Expense	(H) Non Capitalizable Expense		(K) Applicant/ Stakeholder Matching Funds CASH	(L) Applicant/ Stakeholder Matching Funds IN-KIND		
Develop Organizational Strategy	PreAward	HEAL 10 funding may not be utilized for these funtions						Not Applicable		\$ -			\$ -	\$ -
Develop Technical Strategy	PreAward									\$ -			\$ -	\$ -
Develop Clinical Strategy	PreAward									\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -

- Budget Worksheet
  - Three (3) Tabs, plus Instructions tab
    - Project budget
    - Project funding
    - Revenue & Expense
- Milestone / Task Oriented
- Sum of Milestones = Project Workplan = RGA Submission / Scope of Work



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Develop Organizational Strategy	PreAward	HEAL 10 funding may not be utilized for these funtions						Not Applicable		\$ -			\$ -	\$ -
Develop Technical Strategy	PreAward									\$ -			\$ -	\$ -
Develop Clinical Strategy	PreAward									\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -

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Develop Organizational Strategy	PreAward	HEAL 10 funding may not be utilized for these funtions					
Develop Technical Strategy	PreAward						
Develop Clinical Strategy	PreAward						
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -



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Develop Clinical Strategy	PreAward						\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -

Capitalizable / Non Capitalizable		
(G) Capitalizable Expense	(H) Non Capitalizable Expense	(I) Total Capitalizable / Non Capitalizable
Not Applicable		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -



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Develop Technical Strategy	PreAward									\$ -			\$ -	\$ -
Develop Clinical Strategy	PreAward									\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -
							\$ -			\$ -			\$ -	\$ -

Applicant Match		(N) Total Match	(O) Total Project Expenses
(K) Applicant/ Stakeholder Matching Funds CASH	(L) Applicant/ Stakeholder Matching Funds IN-KIND		
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -



# Project Fund Source

PROJECT FUND SOURCE (Revenue)				
Letter of Support # from Section 6.3, Table 1	Source (Insert Stakeholder Name)	Total Cash	Total In-Kind	Total Contribution
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -



# Project Funding – “Check Tables”

Total HEAL 10 Funds Requested:	\$0	(F) from Project Budget sheet
Total Proposed Matching:	\$0	(N) from Project Budget sheet
Total Project Expense:	\$0	(O) from Project Budget sheet

## Project Matching Requirement

Matching Percentage:

#DIV/0!

Matching funds (Cash and In-Kind) must be greater than or equal to 50% of the project budget.

## Capitalizable / NonCapitalizable Requirement

Total Capitalizable Expense:	\$0	(G) from Project Budget sheet
Total Non-Capitalizable Expense:	\$0	(H) from Project Budget sheet
Total Anticipated HEAL 10 Funds:	\$0	(K) from Project Budget sheet

(G) / (K) =

#DIV/0!

Must be 40% or less



# HEAL 10 Budget Worksheet

## “Revenue & Expense Projections”

Expense & Revenue - Two Year Projected Project Budget

		Revenue		Expense	Net
		HEAL 10	Match		
Year One	Quarter 1	\$ -	\$ -	\$ -	\$ -
	Quarter 2	\$ -	\$ -	\$ -	\$ -
	Quarter 3	\$ -	\$ -	\$ -	\$ -
	Quarter 4	\$ -	\$ -	\$ -	\$ -
	SubTotal	\$ -	\$ -	\$ -	\$ -
Year Two	Quarter 5	\$ -	\$ -	\$ -	\$ -
	Quarter 6	\$ -	\$ -	\$ -	\$ -
	Quarter 7	\$ -	\$ -	\$ -	\$ -
	Quarter 8	\$ -	\$ -	\$ -	\$ -
	SubTotal	\$ -	\$ -	\$ -	\$ -
	Project Total	\$ -	\$ -	\$ -	\$ -



# CHITA Services Template (§ 6.2)

Service	Service Cost	Service FTEs	Anticipated HEAL Funding	Other Funding/Support (Match)	Other Funding/Support Source
Readiness Assessment					
Workflow Re-design					
Project Management					
Vendor Selection					
Adoption Resources/Tools					
Answer Desk					
Business Analysis/Project Navigation					
Technology Analysis					
Interfacing Services					
IT Implementation and Support					
Dictionary Mapping					
Contract Support					
Training					
Process and Quality Improvement					
<b>Totals</b>	\$ -		\$ -	\$ -	\$ -

Costs should be reflected as per provider (ie. MD, DO, NP, PA, etc.)  
FTE





# Application Submission (§ 5.4)

- Two separate and distinct parts
  - Program Application (no cost information)
  - Financial Application
- One hard copy / signed
- Two soft (electronic) copies
  - Identical file structure (§ 8.1)
  - Native format (ie. MS Word, Excel)
  - Searchable PDF
- Not adhering will result in disqualification
- Application forms / checklists (§ 8)



# Application Submission

HEAL NY Phase 10  
NYS DOH - OHITT  
Corning Tower – ESP Room 2164  
Albany, New York 12234

Must be received by:  
3pm June 15, 2009



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# Phase 1 Review (§4.1.1)

- Completeness Review
- Application and Applicant Eligibility
- Budget
  - Minimally a 50% match (cash and in-kind)
- Pass/Fail Review (Attachment 6.15)
- Pass/Fail Review (Attachment 6.15)
- Pass/Fail Review (Attachment 6.15)
- Pass/Fail Review (Attachment 6.15)
- Pass/Fail Review (Attachment 6.15)
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## Phase 2 (§4.1.4)

- Program Evaluation
  - Organizational Plan
  - Technical Plan
  - Clinical Plan
  - Leadership / Personnel Qualifications
  - Project Management



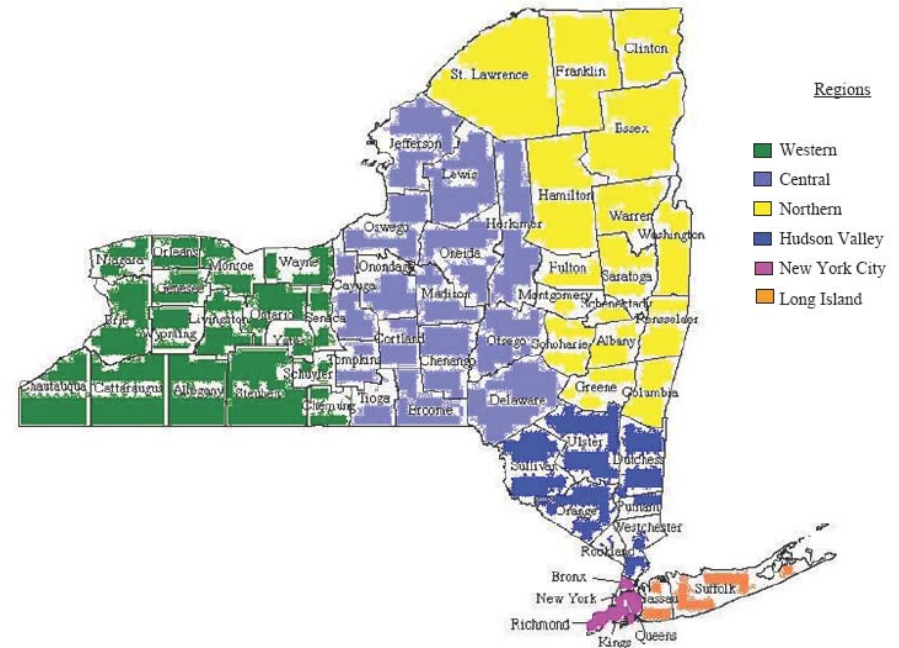
# Phase 2 (cont'd)

- Financial Evaluation
  - Project Budget
  - Project Funding / Revenue & Expense Projections
  - Cost Effectiveness
  - Project Financial Sustainability
  - Applicant Financial Sustainability



# Award Process (§4.2)

- Award will be made based on regions; counties within a region (§ 4.2.3)
- \$60M total
- Applications arrayed from high to low
- Awards made based on high score





# Award Process (cont'd)

- Minimum of one award per region.
- Maximum of two awards per region.
- Awards made for a maximum of \$7M each.
- If, after two awards per region have been made and dollars remain;
  - Remaining applications arrayed from high to low score.
  - Awards made to fully fundable projects, based on high score, irrespective of regions.
- Award letters – late 3<sup>rd</sup> quarter 2009





# Award Process (cont'd)

- New York State Rights (§ 5.6)
  - Reject any or all applications received.
  - Adjust or correct cost figures with concurrence of the applicant if errors exist.
  - Waive or modify minor irregularities in the applications received after prior notification to the applicant.
  - Reject any application submitted by an eligible applicant not in compliance with all state and federal requirements.



# Contracting

- Expected project start date within the first quarter of 2010.
- Contract term of two years.



# Payment and Reporting

- Payment will be milestone/deliverables based.
- Grantee must submit quarterly vouchers to DOH based on eligible expenses incurred and associated with the milestones.
- During the grant period, the grantee is required to submit quarterly reports to DOH.



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# Questions and Answers

- Submit in writing
  - [healthit@health.state.ny.us](mailto:healthit@health.state.ny.us)
  - Cite RGA section / paragraph
- Accepted through 5pm on May 11, 2009
- Written response, posted on or about May 18, 2009
  - Interim responses will be posted



# Questions?