



## **ARRA: Beacon Community Cooperative Agreement**

*December 22, 2009*

# Agenda

- Overview: Beacon Community Cooperative Agreement Funding Opportunity
- Discussion
  - Stakeholder Consortium
  - Letters of Support
  - Funding Categories
  - Proposed Participants
- Next Steps

# Summary of Beacon Community Comparative Agreement

**ARRA Funding Opportunity Announcement released on December 2, 2009 from Office of the National Coordinator for Health Information Technology at the Department of Health and Human Services**

## **Objectives:**

- **To develop “beacon” communities to demonstrate vision for HIT future**
- **To provide funding to communities to build and strengthen their HIT infrastructure and exchange capabilities to model meaningful health IT**
- **To promote the development of a nationwide health information infrastructure built on sustainable efforts of local providers and communities**

## **Target:**

- **Communities with relatively high level of health IT adoption**
  - **If urban, at least 30% of health care providers must have EHRs**
  - **If rural, at least 25% must have EHRs**
- **Ability to demonstrate feasibility of cost and quality improvements**
- **Demonstrate attraction of public and private-sector funding**
- **Consortium of stakeholders with lead applicant**

## Use of Funds

- **HIT and Exchange Infrastructure** funds to advance meaningful use of health IT across the community to build the foundation for health IT enabled health system improvements
- **Integration of HIT Into Care Delivery** funds to be used to promote utilization of providers of advanced functionalities of health IT system information exchange and enable progress on the specific and measurable outcome improvement goals
  - Instituting clinically relevant decision supports for providers and patients (alerts, reminders, order sets) to inform clinical and shared decision making at the point of care;
  - Improving medication management (enabling medication reconciliation, monitoring and improving medication-taking);
  - Instituting use of registry functions (e.g., maintaining an electronic list of patients with the same chronic disease and utilizing that list to facilitate patient recall, reminders, scheduling of planned visits, and adherence to evidence-based guidelines);
  - Improving care coordination;
  - Engaging patients and families and;
  - Promoting technologies and best practices that enhance the protection of information of all holders of identifiable health information.
- **Evaluation, Performance Monitoring and Feedback** funds to be used to monitor and evaluate the progress towards the health care and population health goals of the Beacon Communities strengthened by HIT infrastructure and exchange.

## Award Amounts and Time-line

- Funding Available: \$220,000,000
- Average Award Amount: \$15,000,000
- Award Floor: \$10,000,000
- Award Ceiling: \$20,000,000
- Approximate Number of Awards 15
- Projected Period Length: 36 months
- Applicants Selected: February 2010
- Cooperative Agreement Awards: March 2010
- Anticipated Start Date: April 2010

*Letter of Intent due on January 8, 2010  
Full Application Deadline: February 1, 2010*

# Grant Requirements

## Letter of Intent:

- Specific and measurable health systems improvement goals
- Geographic area
- Organizational mission, capability and experience
- Ability to leverage existing programs and resources

## Full Application:

- Project abstract
- Project narrative
  - EHR/meaningful use gap analysis
  - Goals/objectives
  - Proposed strategy
  - Populations with specific needs
  - Project management
  - Core performance measures
  - Evaluation
  - Coordination and continual improvement
  - Organizational Capability Statement
- Sustainability Plan
- Collaborations and Letters of Commitment from Key Participating Organizations
- Budget Narrative

# Approach

- Develop consortium focused on Eastern Massachusetts and possibly one of three MAeHC pilot communities
- MHQP/Boston to be the lead applicant for funding opportunity
  - Convene necessary stakeholders
  - Leverage other roles including Regional Extension Center and Health Information Exchange
- Gather support from key state entities
  - State Health IT Coordinator (Rick Shoup)
  - Medicaid Director
  - Public Health Officials

# Proposed Participants

## Eastern MA Health Initiative (EMHI)

- Atrius
- BIDMC
- Children's
- Dana Farber
- MA Eye & Ear
- Lahey
- Partners
- Tufts Medical Center
- Blue Cross
- Harvard Pilgrim
- Neighborhood Health Plan
- Tufts Health Plan
- Brandeis
- Harvard University
- Tufts University
- Winchester Hospital

## MAeHC Communities

- North Adams
- Brockton
- Newburyport

## Greater Boston Aligning Forces for Quality (AF4Q)

- AIM
- Atrius
- BCBSMA
- BIDMC
- BMC
- BMC – HealthNet
- Boston Public Health Com.
- Brandeis University
- MA Coalition for Prevention of Med Errors
- Dimock
- EACH
- EMHI
- EOHSS
- Harvard Med School
- Health Care for All
- HPHC
- MACIPA
- Caritas St. Elizabeth's Medical Center
- Lahey
- MA Business Roundtable
- Cambridge Health Alliance
- MGH

- MHQP
- NEHI
- Children's Hospital Integrated Care Org
- NHP
- Partners
- Winchester Healthcare Mgmt.
- Roxbury Comp. HealthCenter
- Tufts Health Plan
- Tufts Medical Center
- Umass Boston
- Partnership for Healthcare Excellence

- AARP
- Behavioral Health
- Boston Health Commission
- Boston HealthNet (HCCN)
- Boston Interfaith
- Consumers/patients
- DHCF
- DPH
- Employers
- Evaluation
- Foundations

- FQHC's
- HCQCC
- Health Care for All
- Hebrew Senior Life
- Home Health
- Labs
- Long-term care
- Lowell CHC
- MACIPA
- MAeHC
- Masspro (QIO)
- Massachusetts Senior Care
- Medicaid
- MHDC
- MMS/MHA
- NEHEN
- Northeastern University
- Partnership for Healthcare
- PHOs, IPAs, POs
- Public Hospitals
- Radiology
- Surescripts/Rx
- Surgicenters
- Unions
- University of Massachusetts
- Veteran's Administration

# Potential Stakeholder Groups

- Regional Extension Center program
- State Health Information Exchange program
- VA Hospitals or Department of Defense sites
- Indian Health Service or State or Local Tribal Health site
- Health Research and Services Administration grant programs
- Centers for Medicaid and Medicare Services Demonstration projects
- State Medicaid payment program
- Medicare Quality Improvement Organization
- Department of Agriculture and Department of Commerce broadband funding
- Department of Agriculture telehealth funding
- State Primary Care Association(s)
- Health Professional Societies
- Health Center Controlled Networks (HCCNs)
- Health Plans
- Hospital Systems
- Community Colleges
- Universities and academic health centers
- Employers and employer groups
- Consumer groups

## Additional Considerations

- Discuss in context of enabling healthcare reform
- Support for ACOs
- Support for Administrative Simplification
- Unifying quality outcomes
- Meaningful Use for 2011 and 2013
- MA-specific goals (HCQCC)
- MA will support multiple applications as long as they meet grant criteria and coordinate with state.

## Next Steps

- Project Kickoff – December 15, 2009
- Letter of Intent due January 8, 2010
- Letters of support required for full application
- Full application due February 1, 2010
- Agreements awarded in March 2010 with April 1, 2010 start date