

Washington Health Information Collaborative



2009 Application for Health Information Technology Funding



Application Process

1. The Washington State Health Care Authority (HCA) *must receive Application* for funding by close of business, 5:00 PM PDT August 31, 2009.
2. **Application may be submitted via e-mail to awardsqna@hca.wa.gov, (Subject: Medical Home Collaborative Participant Application).** If submitting via e-mail, applicant may include a scan of the signed *Statement of Assurances* (PDF or JPEG file).
3. *Applicant* may also deliver the application as an original document to:

First Class Mailing:

Washington State Health Care Authority
Medical Home Collaborative Participant Application
ATTN: Health Care Policy
Post Office Box 42710
Olympia, WA 98504-2710

Federal Express/UPS:

Washington State Health Care Authority
3819 Pacific Ave SE Ste A
Lacey, WA 98503

4. *Applicant* should not submit original *Application* as a faxed document. *Applicant* may choose to follow up an e-mailed application with a faxed copy of the ***Statement of Assurances*** only if unable to convert that document to electronic format. Please send faxes to (360) 923-2766, attention: Health Care Policy.
5. Please be aware, it is *Applicant's* responsibility to ensure the timely receipt of the entire *Application* by HCA. ***Failure to submit complete Application by the specified deadline will disqualify Applicant from further consideration in this round of funding designated for participants in the Washington Patient-Centered Medical Home Collaborative.***

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6. *Applicant* is encouraged to review information on the WHIC site “[Determining Whether Your Practice is Ready to Adopt Health IT](#), [Planning and Implementation Checklist](#), and [Increased Functionality Checklist](#) for guidance on what type of elements should be reflected in your strategy, project plan, and project budget. You may also want to review the baseline measures you’ll need to perform as a participant in the Medical Home Collaborative which requires a functional registry or EMR to perform custom queries to help you determine the type of health information technology tools and resources you may want to request in your grant proposal.

Important information

1. *Applicant* refers to the organization on whose behalf the *Application* is submitted.
2. *Application* refers to a submission of a request for funding, including all attachments thereto, in response to the *Announcement of 2009 Funding Opportunity for Health Information Technology (Announcement)*.
3. Funding for *direct project costs only* up to \$7,000 for projects lasting through June 30, 2010 may be requested.
4. The anticipated number of awards is not known. Awards issued by the WHIC under the *Announcement* are contingent upon availability of funds and submission of a sufficient number of meritorious applications.
5. Because the nature, scope and duration of proposed projects will vary from application to application, it is anticipated that the size of each award will also vary. The total amount awarded and the number of awards will depend upon the quality and costs of the applications received.
6. *Applications* will be evaluated by scoring across multiple dimensions including: Planning; Medical Home IT Requirement Needs; Budget; Implementation; and Grant Goals.
7. Decision to fund *Application* will be based on whether *Applicant* meets eligibility criteria, on available funds, and on *Application* scoring. By submitting an *Application*, *Applicant* recognizes that a decision not to award or to award funds at a particular funding level to *Applicant* is discretionary and is not subject to appeal.
8. The signature of an authorized individual on *Statement of Assurances* certifies that *Applicant* will comply with all applicable rules of the application process and all assurances contained in the *Statement of Assurances*.

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9. Applicants for and recipients of award funds are responsible for complying with and must adhere to all applicable Federal and State statutes, codes, regulations, and policies including income tax regulations. Questions relating to the applicability of income tax regulations to awarded funds should be directed to the IRS.
10. Awards to successful applicants will be provided by the HCA for this designated grant opportunity. **Awards will not be granted to Washington Patient-Centered Medical Home Collaborative participants who may have already received a grant award from First Choice Health's 2009 Grant Funding Opportunity announced this past Spring.**
11. All applications submitted for review to the HCA are subject to applicable public disclosure laws.

Selection process

1. Applicants must meet the eligibility criteria outlined on page five of the *Announcement*. If review of the *Application* shows your organization does not meet these criteria, the *Application* will be disqualified from further consideration
2. To be considered for review, the *Application* must also:
 - a. Include responses to all questions of the attached questionnaire (including documentation when requested).
 - b. Include Statement of Assurances signed by an individual authorized to make binding arrangements on behalf of *Applicant*.
3. Responses should be clear, complete and concise to allow for an adequate understanding of your *Application* and the information contained therein.
4. The evaluation and selection procedures will be performed under the direction of the WHIC Steering Committee. Final selection will be made by evaluators at the HCA.
5. Successful applicants will be presented with an *Award Agreement* which is a prerequisite for distribution of funds by the HCA. No funds will be disbursed to parties unable or unwilling to sign the *Award Agreement*. The *Award Agreement* will outline:
 - a. Agreement to complete the scope of work under the project as described in the application (including adherence to timeline,

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planned outcome of project implementation, and support of grant goals).

- b. Agreement to comply with monitoring processes designed to insure proper use of funds.

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Statement of Assurances

I make the following certifications on behalf of the *Applicant* named herein: As an individual authorized by the *Applicant* to make binding agreements, I make the following statement of assurances as a required element of this *Application*. On behalf of the applicant, I understand that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to review of this *Application* and subsequent potential award:

1. *Applicant* warrants that, in connection with this *Application*:
 - a. All information presented in this proposal is true, correct, and complete to the best of *Applicant's* knowledge.
 - b. None of the funds requested in this application are requested for duplicate or equivalent budgetary items (i.e. equipment, salaries, consulting) for which funding from another source is being provided.
 - c. *Applicant* is not requesting funding aside from that necessary to pay for services specifically earmarked in the *Application*, and that costs for such services do not exceed those that would be paid by a prudent person for same or similar services.
2. *Applicant* acknowledges that the submission of a timely and complete application in no way guarantees award or receipt of funds from the Washington State Health Care Authority.
3. *Applicant* certifies agreement to all the terms and conditions of this application including, but not limited to the discretionary nature of a decision by the Health Care Authority to not award funds or to award funds at a particular funding level.
4. *Applicant* acknowledges that submission of false or misleading information will automatically disqualify this application from further consideration.

Signature

Date

Title

Applying Organization

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Please read the entire Application before completing the questionnaire. It contains important information necessary for a successful submission.

Application Questions

2009 Application for Health Information Technology Funding for

Washington Patient-Centered Medical Home Collaborative Participants

Background Information

1. Organization Name:
Organization Mailing Address:
Organization Physical Location (if different from Mailing Address):
2. Description of practice or facility. Please address the following elements:

Description: Primary practice Specialty Practice Critical Access Hospital
Size and nature of practice or facility (numbers of providers, corporate structure).

Patients (mix of payers and size of active panel):

Community partners:
3. Amount of Requested Funds:
4. Principal Contact Information:

Name
Phone number(s)
Address (if different from Mailing Address)
Fax number (s)
E-mail address

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Planning

1. Describe the nature of your project and the driving forces behind it.
2. Outline your expectations of costs, timelines, ROI, and necessary practice redesigns involved in this project.
3. List key practical goals you expect this project will help your practice achieve. Please list measurable goals. If planning to include broad goals such as “improving patient care” be prepared to describe below how patient care would be improved, and the concrete steps you will take to measure such improvements.
4. What specific features within the Health IT system(s)/solution(s) you are considering will support these goals?
5. How and when you will know your goals are being met? Please provide specific measures you plan to use timelines for taking benchmark measures and subsequent follow-up.
6. Attach a document of signatures indicating current practice consensus on moving forward with your Health IT project.
7. Attach a copy of the strategic business plan for the practice (if available).
8. Does your organization use any Evidence Based Care tools?

Health IT Project Selection

9. What process and criteria were used to make the final Health IT project selection for your organization (or used up to this point)? Which vendor systems/tools/programming options were considered?
10. Who was (will be) involved in the final decision?
11. If you have already selected the IT solution for your organization, please describe the selected system or programming solution.

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Finances and Budget

12. **Please attach a copy of your organization’s detailed budget for the Health IT project.** Please identify the specific line items for which you are requesting funding. Your budget should include, as separate line items, all tasks or items for which funding is needed, and a justification for each. Each line item should identify unit costs/rates for each line item, as well as the quantities needed for the project.

13. Please explain how you intend to fund this Health IT implementation project outside of funding for which you are applying (if applicable).

Implementation

14. Please list project team members and roles, as well as amount of their project dedicated time up to now and going forward. Include a description of relevant experience for project leaders (project manager and clinical champion), and explain why these individuals were selected for leadership roles.

15. Which features and capabilities of the Health IT system are planned for implementation immediately? Which will be implemented at a later time period and what is that timeframe?

16. Which workflows or processes learned during your participation in the Washington Patient-Centered Medical Home Collaborative do you hope to impact the most as a result of this project?

17. What interfaces or integration will be included as part of your Health IT implementation? Who has responsibility for developing any needed interfaces?

18. **Please provide a copy of your practice’s project plan including the implementation timeline for this project.** (Please see the document “[Determining If Your Practice is Ready for Health IT Adoption](#)” for elements of a project plan).

Grant Goals

19. Will your project directly support sharing of clinical data to improve patient care and your ability to participate in the Medical Home Collaborative? If so, how?

20. Will your project directly support providers’ use of patient/disease registries? If so, how?

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<p>21. Will your project directly support providers' use of decision support tools? If so, how?</p>
<p>22. Will your project directly support provider utilization of comparative performance feedback mechanisms? If so, how?</p>
<p>23. Will your project directly support patients in developing an active role in their care, understand their problems and care options, fully participate in the decision making process regarding their care, and set care goals? If so, how?</p>
<p>24. Are you willing to take active steps to contribute to a shared knowledge base through Washington Patient-Centered Medical Home Collaborative learning sessions, with local press, blog contributions, and conference presentations as a condition of receiving funding? If so, how?</p>