

## Submitted Proposal

**Organization:** We..a hui for Health

**Requested Amount:** \$100,000.00

**Proposal Title:** (FS-Project Vision HI) Health Screening Patient Portal and Database

**1. Describe your organization. What is your mission and who do you serve? Highlight some of the most notable successes your organization has had in the last several years.**

PROJECT VISION HAWAII's (PVH) is a non-profit 501(c)3 public charity founded by the Retina Institute of Hawai'i. Our mission is to enhance the quality of life by improving vision, preventing blindness, and advancing medical knowledge through community-based research. In operation since 2008, we have provided vision and retinal screenings to over 7500 participants statewide. PVH is also a founder, partner agency and the fiscal sponsor of WE..a hui for health.

WE..a hui for health (WE) is a coalition of like-minded organizations, collectively dedicated to increasing access to healthcare for the medically uninsured, underserved and geographically challenged communities by providing individualized health information and health screenings to people who might otherwise not have access to care. Organized in December 2010, WE partners include: PVH, University of Hawai'i Telehealth Research Institute, American Lung Association, Executive Office on Aging, COPD, Queen's Womens Health Center, Caregiver Foundation, and other partners who share long-standing relationships, common goals, and a strong conviction to provide culturally competent services in partnership with the communities we serve. WE's strength comes from our mobility (ability to take health to the community) and our determination to work collaboratively with local health and community organizations to tailor our resources to meet the community's needs.

WE activities are supported by multiple funders ('Ohana Health Plan, Walmart and other foundations), and since our startup of activities in February 2011, WE participated in 27 community screening events, reaching 5000 individuals by providing/completing: 2600+ Diabetes Retinopathy screenings (40+ percent abnormal pathologies); 925 Spirometry tests; 1050 BP tests; 850 Glucose tests in communities with a high prevalence (10%) of Type II Diabetes; 750 Take-Home Kidney Function tests; 220 Quit Smoking commitments and support relationships; 50 Hepatitis C tests since September; 80 Cholesterol blood tests and, 100+ medication management consultations. In addition, we provided extensive 1:1 education and disseminate culturally tailored education materials.

WE's goal is to increase our screening events by 50% for 2012.

WE's current milestone has been the adoption of the Comprehensive Disease Management Program (CDMP) through a partnership with the UH Telehealth Research Institute. CDMP is an open source software application used across the US and in Australia both to support clinical care and as a research tool. WE's has organized a subcommittee and established Memoranda of Agreement between partners to implement this project. WE has access to and use of the CDMP resource through a subcontract with Estenda (software company) and now seeks to develop the protocols to operationalize this resource to establish a clinical data repository and a digital patient portal that improves care through direct patient engagement.

**2. Please describe your innovation. Include the practical steps involved to take the innovation from the idea phase to implementation.**

WE intends to use the Comprehensive Disease Management Program (CDMP) software technology to make screening results and tailored education materials accessible to each patient through a WE Patient Portal (WE Portal) and, build a WE Clinical Data Repository (WE CDR) to track WE's services and service trends over time.

Implementation Steps Include (also see Timeline):

1. Hire and orient the program coordinator and staff .

2. Set up the WE Portal protocol for patient accounts, including types of automatically generated messages to participants and personalized messages tailored to the patients' screening outcomes.
  3. Hire the Marketing Director to
    - a) Develop a marketing plan to promote the WE Portal through WE's mailing lists, newsletters, and screening and PR events.
    - b) Train WE screening volunteers and staff to promote the WE Portal at screening events and assist participants in setting up WE Portal accounts.
    - c) Work with staff to recruit and sign participants on the the WE Portal.
    - d) Develop instructional tools for participants on accessing and using the WE Portal.
  4. Work with 'Imi Hale Native Hawaiian Network ('Imi Hale) and the UH Office of Public Health Services (UH-PH) in months 2-4 to:
    - a) Conduct 15 – 20 key informant interviews with the Community Health Centers and Native Hawaiian Health Care Systems on all islands) to determine best practices for sharing information, tracking patient follow up and referrals and to identify what consents, MOAs and policies are needed to support good stewardship of the data, and
    - b) Survey 200 screening participants to assess their opinions of, and intent to use the WE Portal to access their health information and field test the protocols to access and use the WE Portal, which the Planning Committee has already developed. We will also use this opportunity to determine what is culturally appropriate, how we can attract and sustain users of this system, and how we can further improve delivery and access through this technology.
    - c) Coordinate with Marketing to field test instructional tools for patients on how to set up and access a WE Portal account.
    - d) Evaluate WE Portal user satisfaction with access, info provided and usefulness of the portal 3 months and 9 months after establishing an account.
  5. With the survey and key informant interview findings, finalize the operating protocols, patient consents and policies between partnering agencies and share with WE partners and volunteers.
  6. Work with UH Telehealth Research Institute (UH-TRI) to explore Partners' interests in the CDMP's capacity to support housing of multi-agency aggregated data and identify and develop needed partnership agreements working with legal council to ensure that each organization's data is protected and properly used.
- Our innovation takes root in the collaborative preventative health screenings we conduct as the "WE...a hui for health" coalition - 47 events across the state this year alone.

**3. Please explain how your innovation is a clear improvement over what already exists or what is currently meeting the needs of your clients, constituents, members, or customers.**

Wellness Event-based screening is a debated methodology for health behavior change; however, WE screenings are in a unique position to reach many individuals that do not have ready access to care. The draw of the screening activity presents an opportunity for patient engagement and education. Behavior change is less likely to occur after a single encounter even with the best teachers. This innovation will allow us to transform the "single event" nature of screening into a longer term experience and to study whether this approach can improve health behavior.

Currently people who receive screening at WE events are only provided results and education onsite, with some follow up via telephone, snail mail and occasionally email. Our innovation will standardize follow up as an addendum to existing agency protocols using a software platform that will allow the patient access to educational materials and results anytime, as well as send tailored emails and texts to the participant regarding follow up. This innovation will serve as a gateway into the healthcare system in direct collaboration with community health centers and the native Hawaiian health systems. Profiles will be tailored/individualized and will capture patients' information at repeat

screenings. In areas of significant need, we will send reminders of our next screening events so we may again serve as an intimate resource to guide people back into the system.

While WE partners currently collect data independently without consolidated protocol, this innovation would allow all partners to implement consistent procedures in collection of data and to consolidate this data on a unified HIPAA-compliant platform.

**4. What impact do you expect the innovation to have on your field or on other fields? Provide specific examples of how your innovation will benefit the public.**

With this technology we will be able to create individual profiles with health information on the people we serve. This will include health education as well as screening and survey results that we may, if authorized share with providers. For example, with a patient who was screened recently, we found that he had less than 40% lung function, and advanced care was critical. Without this technology, we had to write a letter, send it to his Primary Care Physician, and ask for help in getting this patient to a specialist, and there were several delays in arranging this care. WITH this technology, an immediate email with all necessary test results could be sent to the PCP or specialist, and trigger the rapid response which was essential to protect this patient's life and remaining lung function.

We believe that this collaboration can serve as a model for other coalitions. We also hope that the systematic research deployed throughout implementation will provide best practice of the innovation's use, and support use of this methodology as a model for other agencies in conducting wellness events for populations with access to care issues. More specifically we believe that use of the CDMP technology for collective impact in screening activities would serve as an innovative model for preventative screening, use of the patient portal, and data sharing. Since our target population is specifically those with access to care issues, we believe that by providing our mobile outreach caravan we will improve our activities as a gateway, a word used both literally and figuratively, for patients into the health care systems and as a very effective access vehicle for patients in their quest for better health.

PROJECT VISION HAWAII, our fiscal partner, is utilizing this program for its patients, having designed protocols for use of the CDMP, and after collecting 3 years of data onto the system. PROJECT VISION HAWAII has found it effective for the preventative health outreach it deploys.

The Office of Hawaiian Affairs supports CDMP for Project Vision and WE.. In addition, the UH Telehealth Research Institute provides ongoing support for CDMP. The model of care is easily transferable and reproducible to other programs providing health screening either through a mobile van or at community health events.

Our program is scaleable in that (1) WE is already able to reach large populations statewide (4000 patients in the last few months alone), (2) our numbers continue to grow, and (3) we continue to gain new health care partners.

With the help of this new technology for health education, we will continue to work with community health centers and the native Hawaiian health systems to provide the preventative health screenings, and then link our participants back to necessary follow up care.

We will also share our identity-protected statistical data to improve outcome reporting, therefore incentivizing participation by the native Hawaiian health systems, as this data can be leveraged for further state and federal funding for these institutions.

**5. How have you tested demand or interest for your innovation? Have you developed a prototype of your product or pilot tested your new idea yet? Surveyed potential users? Please provide data and information from your early stage testing.**

In December 2012 we held a community forum with our partners and determined the need for three sub-committees. WE as a whole has since met quarterly and within committees has met every month.

WE first created a Coordination Committee. This allowed WE to discover opportunities to use our knowledge, skills, and resources to work together to be most effective in our services. We have since acquired funding from the Atherton

Family Foundation for an employee to coordinate these activities. WE also created a Fund Development Committee to fund activities as a coalition, as well as future use of a unified platform. The third group WE created was a task force for unifying the data compiled by each of our medical partners at WE events. WE has been working for six months on unification of our individual intake forms, and discussion of appropriate utilization of the CDMP technology. WE has developed MOAs and has been visualizing our workflow during this time.

All partners mentioned in the first question have expressed interest in joining in this innovation and most have reviewed the MOA and are anxious to sign when the innovation has ripened with funding.

We have not developed a prototype, though have been working diligently towards this goal. We ask for funding so we may complete this with research based methodology, while implementing the portal within our program. Again we have developed a form with agreed upon demographics as well as MOA that protect each organization's data in HIPAA compliance.

We have developed and researched protocols for community capacity approach in building our events which is a methodology we would like to extend to this innovation

We will further develop our MOA to meet the needs of health systems partners and test them for this innovation.

We have conducted literature reviews and verified that this transition to use of the internet for further disclosure of health information is both desirable and advantageous.

Desireability can also be capture in the numerous letters of support provided by community health systems, the Native Hawaiian Health systems, and hospitals alike.

To further gauge desireability of this innovation, WE has surveyed patients from our screening events. We found that of the 97.4% that have access to a computer or a smart phone, 74.4% would be interested in results after the screening and 76.3% would be interested in using our patient portal.

**6. Are you aware of others working in a similar way as your proposed innovation? Please describe these other efforts and describe how your innovation is different from theirs. Do you plan to collaborate? If so, how?**

From our literature review we found that no other local organizations are utilizing technology for the similar collective impact in preventative health screenings that we wish to achieve. Many providers, community health settings and health systems are striving towards use electronic medical records, patient portals and aggregated back end data storage with patient registries, but none have shown mutli-agency use of this technology in a wellness fair setting. We aim to serve our population with a personally tailored portal that will provide a gateway into the health care system and will encourage further follow up after our screening event.

We will combine knowledge of demographics such as insurance status, providers used, etc. with screening results to flag a patients for follow up and further educational opportunities. Our partners have all contributed and enlightened us with their experience.

The National Kidney Foundation of Hawaii has secured Federal and State funding that has facilitated the adoption of electronic health records by all of the eligible nephrologists in Hawaii. These physician offices are currently moving towards achieving meaningful use which should result in higher quality, safer, and more effective care. The NKFH has established community and corporate partnerships to use this group of specialists, referring primary care physicians and other data sources as a platform to expand health information exchange in a way that should support improved care processes and capture valuable outcome information. The NKFH is building a chronic disease registry and a surveillance system to capture prevalence, incidence, costs, co-morbidity trends, and mortality in order to conduct population studies. The registry will ultimately facilitate early identification and education activities in order to improve health outcomes. The National Kidney Foundation is a strong partner of WE a hui for health and is very interested in finding ways to collaborate. We plan to work together to appropriately integrate platforms so that the patients we serve have access to all necessary information in one place and so we can share our data for quality improvement.

The Beacon Community on the Big Island is another interested partner. The goal of the Hawaii County Beacon Consortium (HCBC) is to improve the health of the Hawaii Island residents through implementation of a series of health care system improvements and interventions across health provider agencies. Engaging patients in their own health care is also a primary focus.

Members of the WE a hui for health staff will be attending the BEACON training on June 29th and 30th to determine how we may further collaborate. WE already shared a number of partners on the Big Island and have met with their Executive Director, Susan Hunt who has expressed great interest in our program.

Research of our consolidated data and activities will further serve to improve understanding of this innovation in Hawaii.

**7. Please describe the background of your primary innovation team. If your innovation is a collaboration or partnership, please provide information about each partner's role and responsibilities. (e.g. Who will be the lead? Are key staff in place or will you hire?)**

WE...a hui for health, under the fiscal sponsorship of PROJECT VISION HAWAII, will take the lead for this program. We will hire a Program Manager to oversee the following activities:

The Program Manager will be responsible for the tailored, individualization of the patient portal for our participants. He/she will ensure that all appropriate educational materials are made available and that recommended follow up is encouraged.

This employee will work with the key organization of each event, (i.e. the community health center or native Hawaiian health system) to interface results and guide the patient into appropriate follow up.

The Program Manager will solicit further partners in public health, adding new materials, profiling and surveys of new partners.

The "how to" handbook for CDMP will be expanded upon and tailored for the populations we serve. A YouTube video will be created to accompany the handbook so that access and use of this resource is made easy.

Working with the University of Hawaii School of public health we will hire a graduate assistant who will be overseen by Imi Hale.

We will conduct key informant interviews of our partners to gauge how they understand the patient portal will benefit their agency and further development policies to align with these expectations. This will be fairly seamless as we meet monthly with our partners to discuss use of this technology. This will occur prior to the grant period. We will also conduct key informant interviews with the Community Health Centers and Native Hawaii Health System partners to create an appropriate consent so that we may consistently share information with providers from our events. We will reach to the private sector working with our marketing director to get the word to potential private provider partners such as physician specialists who accept our referrals.

Experts at the UH TELEHEALTH Research INSTITUTE will manage the multi-agency aggregated longitudinal patient data.

**8. How will you grow the impact of your innovation? Describe how your innovation has potential to scale up and expand benefit beyond just your organization. Be specific about expansion plans and targets for making that increased impact. (e.g. increase in users, replication at other sites/communities, etc.)**

In terms of WE...a hui for health, we are confident that our screening outreach activities will only continue to expand as we gain more structure and acquire funding to further drive our purpose. "WE...a hui for health" is the gateway for this portal. As an ever-expanding coalition of primarily non-profit, community medical health providers, we foresee that our outreach - and therefore patient contact - will only continue to grow.

The beauty of this innovation lies in its implementation and evaluation. Not only will we be able serve people with further education and follow up at screening events, but while we conduct the program we will research best practices and refine models of use of technology in a health care setting.

Research and marketing will be critical for the success of this program. Working with our Program Manager, our Marketing Director, and the public health professionals at Imi Hale, we will be well equipped to help them implement this innovation.

After the portal has been researched, designed and marketing strategies are in place, the costs to maintain this program will be minimized as the salary of our part time employee and the maintenance of CDMP through Estenda. This would amount to a total of less than \$50,000 annually – funding which we will acquire in a variety of ways.

The least desirable method to sustain the program is through fundraising. But we are prepared to do this through our fund development committee as needed.

Another much more viable and sustainable option is through the creation of a fee for service program. As the value of our data is verified, we will gain the ability to leverage it for further funding opportunities. Insurance companies are rated based upon their HEDIS measurements. The higher the HEDIS measures for an insurance company, the better rated they are with compliance, and the more money they can receive from the federal government. These measurements are based on the number of services provided to clientele. Diabetic retinopathy screenings happens to be one of the lower scores for insurance companies and is therefore a very attractive statistic to cover. In the arena of Health Care Reform, select preventative health screening services are becoming attractive for coverage by insurance companies. Retinal screenings already have a CPT code and are payable by health insurance. Spirometry testing will soon follow. In the future we would like to work under the sponsorship of insurance companies to increase our funding through the contracted sharing of statistical data.

We also see sustainability in our mailing list. We would not ever sell this resource. However, we may have opportunities to work with research organizations to assist with recruitment of patients for free care. Our patient portal would remain anonymous; however, based after the program 1 million women (<http://www.1millionwomen.com.au/>), we would market to larger research agencies as a resource for survey dissemination.