

## **LOW INCOME POOL TIER ONE MILESTONE (STC #61) APPLICATION**

### **ESTABLISHING A POST-DISCHARGE CLINIC TO PREVENT RE-ADMISSIONS IN HIGH MEDICAL NEEDS PATIENTS: THE CAREONE PROGRAM**

- 1. FLORIDA CLINICAL PRACTICE ASSOCIATION, INC.**  
**1329 SW 16th St Suite 4250;**  
**Gainesville, FL 32608-1128**
- 2. MEDICAID # 053386600**
- 3. PROVIDER TYPE: PHYSICIAN GROUP**
- 4. AMOUNT APPLIED FOR: \$660,897 over 2 years**

## **5. IDENTIFICATION AS A NEW PROGRAM**

This program will establish a new post-discharge clinic (“CareOne”) for a selected cohort of high medical needs patients who are frequently admitted or frequently use the Emergency Department (ED) at Shands UF Gainesville. Visits to this clinic for selected program patients will be scheduled upon ED or hospital discharge to take place within 72 hours of discharge. Our own analysis, consistent with data from other health provider systems, suggests that primary care provider (PCP) visits are often not available as soon as needed following ED visits or hospitalization, and a re-admission can occur before the primary provider can see the patient again. A “bridging appointment” in the post-discharge clinic will fill this gap and will focus on addressing those issues most likely to result in hospital readmission or ED revisit before the patient re-established care with the PCP. Close communication and coordination between CareOne staff and the patients PCP will ensure a sustained impact from any intervention.

Another unique aspect to the CareOne program design is the substantial coordination of care planned between medical and mental health disciplines. Our data indicate that patients with excess use of ED and hospital services frequently have dual diagnoses of a chronic medical condition along with a chronic mental health or substance abuse problem, and are often dually eligible for Medicare and Medicaid. This group of patients has very significant and challenging medical, psychological and social issues that require the combined efforts of both mental health and medical providers. There are few clinics in north Florida that offer this dual mental and medical care, despite strong evidence that lack of care for one set of issues negatively affects the success of treatment of the other.

Finally, the CareOne program will provide social services assistance through the efforts of a licensed social worker employed at the clinic, to help overcome the substantial socioeconomic barriers often associated with ED return or hospital readmissions in this population, such as lack of transportation, excessive cost of medications, and inadequate housing. The availability of integrated medical, mental health and social service resources in CareOne clinic will greatly enhance the likelihood that the program will successfully intervene to prevent repeat hospitalizations or ED visits.

This unique program at UF&Shands will be the first to offer (1) immediate post-discharge visits, (2) coordination of medical and mental health care, and (3) social services assistance. To our knowledge there is no such comparable program in any hospital in Alachua County or the 14 surrounding counties that make up the UF & Shands catchment area.

## **6. DESCRIPTION OF THE DELIVERY SYSTEM AND AFFILIATIONS**

Shands and the University of Florida College of Medicine (UF COM) – collectively UF & Shands - together constitute the most comprehensive academic healthcare system in the Southeastern United States and provide high quality programs in patient care, education and research to our local community, state and nation.

The UF & Shands clinical enterprise includes with two large academic medical centers: Shands at the University of Florida in Gainesville and Shands Jacksonville. In the Gainesville academic health center during fiscal year 2011, UF & Shands providers cared for over 78,000 hospital discharges and provided over 153,000 emergency room visits. UF COM faculty are the principal providers of clinical care in partnership with Shands hospitals and facilities. Clinical care at the UF COM Gainesville campus is provided by more than 500 clinical faculty in all specialties, involves almost 700 residents and fellows, and is assisted by over 1,000 administrative and clinical support staff. The Gainesville campus operates more than 44 separate clinics in all specialties, and provides more than 700,000 outpatient visits annually.

Shands and the UF COM are critically important safety net providers for the state and region. In fiscal year 2011, Shands at the University of Florida Gainesville provided \$38.6 million of uncompensated care valued at cost. Similarly, UF COM physicians provided \$21.7 million of uncompensated care at cost in the same fiscal year.

Shands and UF COM physicians provide primary care services to low income and uninsured individuals in a variety of ways. Shands facilities offer the most extensive emergency services in the region, and serve as a significant safety net provider for low income and underinsured individuals seeking acute care, primary care, and specialty care. For example, the UF & Shands Gainesville Emergency Department provides care for nearly 40,000 unfunded and underfunded patients every year. Additionally, Shands is the primary acute hospital site for underinsured and uninsured individuals in the region who require hospitalization.

The UF COM faculty practice is by far the most substantial medical group practice in the area, providing outpatient primary care and specialty services to low income and uninsured patients in the region. UF COM faculty provided over 50,000 ambulatory visits, 37,000 inpatient visits, and 42,000 outpatient hospital encounters for uninsured patients last year.

UF & Shands providers work cooperatively with other safety net community organizations to care for underinsured and uninsured patients. For example, UF COM faculty work closely in tandem with the Alachua County Health Department (ACHD), frequently providing care to a common pool of low income and uninsured patients at the hospital, UF COM clinics and Alachua County Health Department primary care programs. This makes the

Alachua County Health Department an important beneficiary and stakeholder in success of the CareOne clinic effort. In addition, UF & Shands also maintains a strong relationship with the Family Medical and Dental Centers (FMDC), a private, nonprofit Federally Qualified Health Center (FQHC) headquartered in Clay County. The FMDC sites in Hawthorne (Alachua County) and Keystone Heights (Clay County) serve Health Professional Shortage areas and Medically Underserved Areas. FMDC providers often refer complex patients to Shands, and experience the same frequent ED visit and re-admissions challenges as do UF & Shands providers. FMDC complex patients hospitalized at Shands or visiting the Shands ED will be eligible for post-discharge CareOne visits. FMDC will continue to provide the primary care services for its patients who are seen in the CareOne clinic, and CareOne staff will ensure direct communication of findings and follow up needs to FMDC. This coordinated effort between CareOne and FMDC will strengthen FMDC's ability to provide follow-up care to this complex population, while allowing the patient to continue see a primary provider closest to his/her home.

Finally, UF & Shands has a close working relationship with Meridian Behavioral Health Services, which provides mental health care to Medicaid patients in an 11 county area in north Florida. Meridian is an integral provider for behavioral health services in a largely underserved area. Many patients who receive ongoing behavioral health care at Meridian will also be seen at CareOne after a hospital admission or ED visit. The CareOne mental health staff will directly communicate with providers at Meridian regarding patients they are jointly caring for to ensure appropriate coordination of care.

## **7. SERVICE AREA**

The UF & Shands primary service area includes all or part of the 14 county area surrounding Gainesville, FL. These counties include Alachua, Bradford, Columbia, Suwannee, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Marion, Putnam, Taylor, and Union. There are approximately 1 million people residing in this 14 county area. Patients are regularly admitted to Shands and cared for by the UF faculty practice from each of these counties. The CareOne program would primarily benefit patients from this primary service area.

## **8. SERVICE AREA CHARACTERISTICS**

The primary service area includes significant areas of rural geography, and more than half of the working population in the primary service area are employed in small (<500

employees) firms. The only county within the region where more employees work in large (500+ employees) firms rather than small is Alachua, where the University of Florida is based. The average household income for the region is \$49,952. This is below the statewide average household income of \$63,099.

The age breakdown for the population in the primary service is as follows:

Age	% of Population	Projected Growth 2011-2016
<b>&lt;15</b>	<b>17%</b>	<b>10.2%</b>
<b>15-44</b>	<b>40%</b>	<b>4.3%</b>
<b>45-64</b>	<b>25%</b>	<b>1.4%</b>
<b>65+</b>	<b>18%</b>	<b>17.5%</b>

The payor breakdown of discharges from all hospitals in the region combined was approximately 22 percent Commercial, 19 percent Medicaid, 50 percent Medicare, 7 percent Self Pay, and 2 percent other. Shands at UF has a higher percentage of Medicaid and self pay discharges compared to the regional average. The primary service payor mix for the UF COM faculty practice is shown below. As indicated in the chart below, underinsured and uninsured patients (Medicaid/Self Pay) constitute over 30 percent of the UF COM total.

<b>UF COM FY12 Payor Mix Primary Service Area</b>	
Blue Cross Blue Shield	19.0%
Commercial/Managed Care	15.9%
Federal/Military	1.8%
MEDICAID	21.0%
MEDICARE	31.7%
Other/Program/Workers comp	1.4%
Self Pay	9.3%

## **9. ORGANIZATIONAL CHART AND KEY CONTACT INDIVIDUALS**

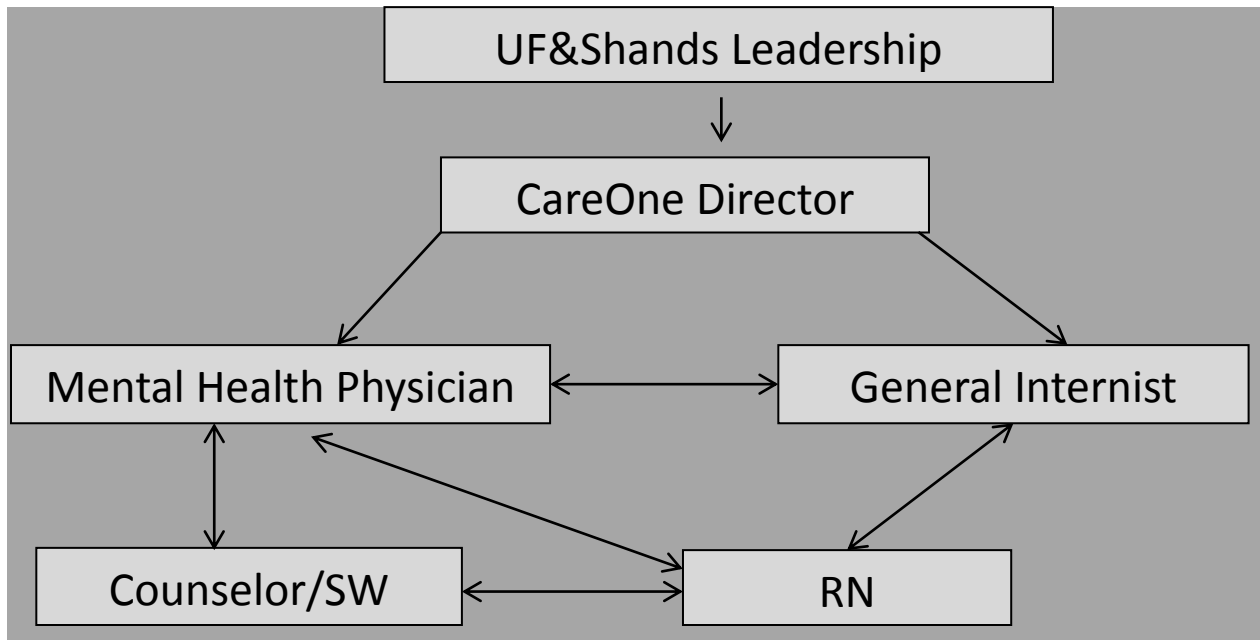
The Director and main contact individual for the CareOne clinic is Dr. Robert Leverage, the Vice Chair for Clinical Affairs for the Department of Internal Medicine at the University of Florida and Shands Hospital. Dr. Leverage may be contacted at: (1) email

[robert.leverence@medicine.ufl.edu](mailto:robert.leverence@medicine.ufl.edu) ; (2) mail: Department of Medicine, 1600 Archer SW, Gainesville, FL 32610; (3) phone: 352-265-0655; and (4) fax: 352-265-1107. Dr. Leverence has over 20 years experience in primary care clinical operations and research, having supervision of a primary care network in under-served areas, and initiated a medical home project that received national certification. He is responsible for the implementation of the CareOne project. Dr. Leverence will personally see patients in the CareOne clinic.

The physician assigned to provide mental health backup for the CareOne clinic is Dr. Bob Rout, a faculty member in the Department of Psychiatry at the University of Florida. Dr. Rout is an expert in substance abuse and chronic pain and will provide direct care and recommendations for CareOne clinic patients.

The organizational chart for CareOne program is provided below and described on the following page:

**Figure 1**



**Figure 1-** The Director answers to the UF & Shands leadership in quarterly reports on efficacy at reducing ED visits and re-admissions. This program will support the care of high needs ED and hospital discharge patients, particularly those with both chronic medical and chronic mental health conditions. The Internist will assess mental and physical health and make appropriate referrals to psychiatric care, home care, and specialty care. The Counselor/social worker will work closely with the Internist and address barriers to care delivery as well as provide short term counseling. The mental health physician will oversee the care of addictions and chronic pain, Nursing supports patient intake and assists both medical and mental health efforts in caring for CareOne patients.

## **10. PROPOSED BUDGET**

The total requested grant supported budget for the CareOne clinic is \$660,897, and is attached as a separate file as instructed. The requested budget represents incremental and direct personnel and facility operation costs of the new CareOne clinic. A budgeted justification description for the requested items is provided below. It is also important to note that UF & Shands will be providing substantial in-kind support of the CareOne program. This in-kind support is also described below and reflects the commitment of UF & Shands to the CareOne effort.

### *BUDGET REQUEST JUSTIFICATION*

General internist – The general internist will provide the foundation of medical care for patients seen at the CareOne clinic. The internist will also serve as the care team leader and coordinate care with mental health and other professionals. This individual will be available to see patients 5 days a week from 8 AM until 12 noon. Budget requested is 0.6 FTE (additional 0.1 FTE beyond direct care hours to account for non-clinic hour responsibilities) for a total requested amount of \$152,168.

Mental health physician – In our community, access to addiction and chronic pain services is limited and appears to be a primary reason for some overutilization of Emergency Department care. The faculty addictionologist assigned to the project will provide direct and consultative backup care for patients with significant substance abuse and chronic pain issues. This position will provide screening tools and other office systems for the care of chronic pain patients also serve as the program's direct liaison

with other primary care physicians taking care of these patients. Budget request is for 0.15 FTE for a total requested amount of \$42,268.

Social worker (LCSW) – The social worker will provide direct social work care and follow-up during CareOne clinic hours for those patients with significant socioeconomic needs. As an LCSW, this person is a trained therapist and so will also provide short term counseling services. Budget request is for 0.6 FTE effort for a total requested amount of \$45,100.

Patient care assistant and nursing support – The patient care assistant as well as part-time nursing support will support clinical care delivered at the CareOne clinic. Budget request is for 0.5 FTE patient care assistant and 0.3 FTE nursing support for a combined total requested amount of \$56,168.

Registration/clerical support – Clerical assistance will support the registration and scheduling of patients for CareOne. Budget request is for 0.5 FTE for a total requested budget amount of \$21,671 per year.

Transportation expenses – Grant support is requested for transportation vouchers to assist CareOne patients attend medical appointments. Often the lack of transportation availability is the key factor causing a patient to call 911 and utilize an emergency department visit rather than another ambulatory care option. The estimated need for vouchers is 100 patients times \$60 per patient per year for a total of \$6,000 per year.

Medication vouchers – Grant support is requested to assist patients obtain critical medications which obviate the need for emergency room visits for hospitalization. The estimated need for medication vouchers is 100 patients times \$50 per patient per year for a total of \$5,000 per year.



Health literacy materials – Grant support is requested to obtain and produce diverse city sensitive and health literacy specific health education materials. The lack of such materials has been shown to be an obstacle to successful primary care and self-care. Total request is \$5,000 per year.

#### *UF & SHANDS IN-KIND SUPPORT*

CareOne clinic facility costs include utilities, janitorial services, security, clinical equipment, space renovation, and information technology equipment and maintenance. These expenses are anticipated to cost \$278,000 for the first program year. This will be provided as in kind support to the CareOne program from UF & Shands. In addition, there are significant but yet unquantified costs anticipated to provide financial management support and outcomes evaluation for the CareOne program. This will also be provided as in-kind UF & Shands support.

## **11. SUMMARY OF PROPOSED PROJECT**

The goal of this low income pool grant proposal is to reduce ED visits and hospital admissions in underfunded or uninsured high medical needs patients by augmenting usual primary care services with additional resources. The CareOne Clinic is being established to address the needs of this group of patients who experience multiple barriers to success with conventional health care and frequently resort to the emergency department as their source of usual care. Nationally, there are three Best Practice models that engage multidisciplinary models for care of this high risk population and include intensive case management, mental health services, community resources, and pain/addiction treatment. These national care models are the University of New Mexico, Spectrum Health Care in Grand Rapids, MI, and Intensive Case Management for Community Memorial Health System in Ventura, Ca. In these programs, implementation of interdisciplinary care teams similar to that proposed in the UF & Shands CareOne clinic have resulted in a reduction in ED and hospital utilization rates by as much as 70 percent. We plan to institute a modification of these models for the first time in the state of Florida. If the UF & Shands CareOne clinic realizes even half of the care utilization reduction reported by the model programs, there will be significant improvement in the quality of care for the involved patients health care cost savings for the State and for UF & Shands.

We have identified 459 patients who were admitted to Shands UF Gainesville more than five times in the last fiscal year. Only 16.9% of these patients have commercial insurance. The remainder of this group of high utilizing patients are insured by Medicare, Medicaid, or have no insurance. Many of these patients are dual eligible for both Medicare and Medicaid. These 459 frequently admitted patients will be the target population for the CareOne intervention, Patients will be recruited from this population of frequent ED visitors for intake assessment to define which services are most needed. An essential part of this intake assessment is to identify undiagnosed mental illness. Another important part of this clinic is the availability of immediate appointments after every ED visit and admission in order to address accessibility to prescribed medication and other therapies such as dialysis. This clinic will work closely with the primary care providers already present in our region, such as the Alachua County Health Department, Meridian mental health care system, the FMDC (a regional FQHC), and the primary care clinics of the University of Florida.

UF & Shands data show that 66 percent of the hospital admissions for this target patient group used the ED as a portal of entry, as opposed to representing a direct admission from a scheduled outpatient visit. The most common diagnoses for ED visits in this population were in order of frequency: 1) chest pain, 2) sickle cells crisis, 3) headache, 4) abdominal pain, 5) alcohol abuse, 6) back pain, 7) urinary tract infection, 8) joint pain, 9) kidney stone, 10) COPD asthma. These ambulatory care sensitive diagnoses are largely amenable to management in primary care settings other than the ED. Thus, preventing the presentation of the patient to the ED by offering more robust or additional primary care services and options, such as the CareOne clinic, is a key strategy to prevent unnecessary hospitalizations. The vast majority of these patients have dual diagnoses of chronic medical and mental illnesses, and many have substance abuse issues, further reinforcing the value of including both mental health and social service resources in the CareOne program.

The ambulatory care sensitive diagnoses above provide the targets for CareOne intervention to prevent ED visits and unnecessary hospitalization. CareOne will take a multi-disciplinary approach to address the diagnoses leading to these ED visits. A general internist will serve as the medical foundation of CareOne to address the underlying medical issues, like sickle cell disease, that lead to chronic pain resulting in an ED visit. A significant fraction of these patients also have unrecognized chronic mental illness that impairs self-care, and proper medication, of their medical disorder. Thus, CareOne will include home care, short term counseling, and direct linkages with Meridian as part of their spectrum of services. Finally, the

CareOne social worker is critical to address social barriers to mental and medical care, such as co-pays for medications, housing deficiencies, and transportation issues. Each of these resource personnel will meet regularly to coordinate care of individual patients. CareOne providers will be present simultaneously in clinic for immediate communication with each other as well. The CareOne program will work closely with the existing UF & Shands sickle cell (for hematologists), COPD (pulmonologists) and congestive heart failure (cardiologists) clinics to provide access to relevant specialists.

The CareOne clinic will provide four important aspects of care not currently widely available in primary care settings - 1) pain and addiction counseling, 2) short term counseling, 3) immediate social work support availability, and 4) continuity with inpatient care and access to subspecialty care. In addition, each of these novel support items are integrated together in one clinic, with immediate access to each other for care coordination. The social worker will also coordinate care with other primary care entities, specialists, home health care as needed, and long-term mental health care as needed. The pain and addiction specialist will establish office systems (pain assessment tools, addiction risk profiles, E-Force, urine toxicology screens, prescription logs) for chronic pain and addiction management. They will provide short term chronic pain and addiction management, while the social worker addresses long term care. Clinic staff will ensure communication with patients' existing primary care providers in order to ensure an effective handoff between program patients and their long-term care provider.

## **12. PLAN FOR IDENTIFICATION OF PARTICIPANTS**

We have used the UF & Shands electronic health record (EHR) database to identify 459 patients who have been admitted more than five times in the last fiscal year to Shands UF Gainesville as potential program participants. In our experience recruiting and enrolling similar populations, we anticipate that we will not be able to locate about 30% of these individuals and, once located, approximately 80% will agree to participate in the program – an eventual initial cohort of 257 high-risk patients who will be targets for the CareOne program... We expect 25 percent attrition from the cohort across the three years of the project. Therefore, we expect an ongoing program population of about 193 patients from this already identified UF & Shands patient population for the CareOne clinic. We also expect that new patients not already identified in our initial data review who frequently use the ED (>five visits/year without hospital admission) or are admitted >five times/year will be identified during the life of this funding. Such patients will also be invited to participate in the CareOne clinic upon discharge from the ED or

hospital. We anticipate that this could increase total program enrollment by 20% per year, to 308 patients served over three years of CareOne.

Patients identified through the databases will be sent an advance mailing with the project brochure followed by an outreach phone call from the UF Telephone Research Survey Center. The UF Survey Center has successfully participated in recruitment for several studies with the publicly insured, including a State of Florida-funded Low Income Pool Medical Home Project currently underway at UF & Shands. The purpose of the initial phone contact will be to explain the project and seek the individual's participation. Those who agree to participate will be referred to CareOne clerical staff to schedule an initial intake visit. To assess for mental illness potentially not reflected in the patient record, and to allow us to standardize the diagnoses of each person at baseline and at follow-ups, CareOne staff will screen for psychiatric disorders using the Diagnostic Interview Schedule for DSM-IV Screener© (CDIS-IV). Those who agree to participate and those who refuse will be compared based on socio-demographic and health status characteristics using available UF&Shands administrative data.

CareOne will use the EHR in the UF&Shands clinics to identify additional potential participants. Internal Medicine (IM), Community Health & Family Medicine (CHFM) and Emergency Medicine (EM) physicians and their nurse practitioners/physician assistants will receive recruitment materials and short educational sessions about the study. Physicians and their assistants in UF clinics will be trained to ask potential participants if one of the team RN or LCSWs and CHWs can meet with them about the project. Providers will use a dedicated telephone number to notify the CareOne staff that a patient is interested in more information.

### **13. HOW WILL PRIMARY CARE ACCESS BE ENHANCED BY THIS SYSTEM**

LIP grant support will help establish CareOne as incremental primary care access for a high risk patient population with complex needs who require help with navigating the health care system. The project will support 0.75 new FTE physician effort to offer primary care coordination and mental health support at this site, along with other support staff and services necessary to implement the project. Unique to this clinic, a social worker will assist in overcoming social barriers to care that might result in an ED visit or a hospital admission if not dealt with. In addition, an addiction specialist will deal with the addiction and chronic pain issues that plague many of these patients. With the assistance of a certified medical assistant, clinic

slots at this site would be devoted totally to ED diversion patients with Shands and UF providing in-kind support in the way of clinic space and administration.

Additional primary care visit slots for these patients will also be available at each of five other UF & Shands primary care sites: Family Medicine Eastside clinic; Family Medicine Main Street; UF & Shands Orthopedics; the UF & Shands mobile primary care unit dedicated to care of underserved populations; and the Alachua County Health Department. These additional slots should, together with CareOne, accommodate all of the patients at high risk for ED visits or re-admissions targeted by this program. We believe that targeting this discrete population of high risk, high resource-utilizing patients who require a greater amount of medical attention and medical resources will yield the greatest benefit for improving care and reducing health costs through ED diversion.

#### **14. THE NEW CLINIC SITE AND AFTER HOURS ACCESS**

The CareOne clinic will be a new clinical site on the UF & Shands campus. It will be housed in 1500 sq ft adjacent to the Admission/Discharge Transitional Unit (ADTU) in the Shands hospital north tower. This clinic will provide patient centric primary care by providing those support services generally not available in primary care clinics (Social work, addiction and chronic pain services, continuity with inpatient care and subspecialists ) to those patients who need them the most. This is not an acute care clinic. This clinic is also not designed to provide routine preventive, acute, and chronic care. The unique role of the CareOne Clinic is to identify and eliminate barriers to care for complex patients who over utilize ED and inpatient services. Although some patients may develop a long term relationship with the CareOne Clinic, the intention for most part is that once the barriers to care are identified and eliminated, patients will graduate from the CareOne program.

As described above, the services of the CareOne Clinic are intended to supplement and support rather than replace the patient's primary care home. If the patient does not have a PCP or has trouble accessing their PCP then the CareOne Clinic will find one for the patient and the CareOne Clinic will work closely with that PCP. Consequently after hours care will be provided by the patient's own primary care clinic. The Alachua County Health Department has primary care availability after 5pm. The UF & Shands Family Medicine at Main Street outpatient clinic practice is the site of a weekly evening clinic for unfunded patients. Both Family Medicine at Main Street and and Family Medicine Eastside have an after-hours physician call program for

patients calling with medical needs. The targeted locations for mobile clinic sessions will be determined, in part, by the residence sites of medically underserved patients, many of whom likely are in the cohort of patients to be served by the CareOne clinic.

**15. CAPABILITY TO SERVE MINORITY POPULATIONS**

UF & Shands currently already provide medical care for a large and diverse minority population. The fraction of ED patients that belong to minority groups is 41%. The breakdown of these groups is shown in the table below. UF & Shands provides care to minority populations that exceeds the underrepresented minority representation of the surrounding community.. Thus, UF & Shands serves minority populations disproportionately more than would occur if there was the same utilization as in the general population regionally. This finding is not accidental, and reflects specific processes and programs directed at the care of underrepresented minorities and communities. Such services include charity care as described above, translation services for non-English speakers, educational efforts as described below to overcome health illiteracy, culturally sensitive nursing training and patient care, and case management for long term care or necessary medical specialist referrals.

Race	T&R
AMERICAN INDIAN	0.2 %
ASIAN	0.8 %
BLACK	34.6 %
HISPANIC	2.8 %
NAT HI/OTH PAC	0.4 %
OTHER	3.0 %
UNKNOWN	0.6 %
WHITE/CAUCASIAN	57.5 %

**16. ADDRESSING HEALTH CARE DIVERSITY AND LITERACY BARRIERS**

There is an extensive literature documenting disproportionately high ED use among racial and ethnic minorities relative to White non-Hispanic individuals. Factors contributing to higher ED use among racial and ethnic minorities include socioeconomic disadvantage, cultural norms and expectations about where to seek care, and low health literacy. Inadequate health literacy is a significant risk factor for hospital admissions, readmissions and ED use. Poor

adherence to medications is an important factor contributing to potentially avoidable inpatient stays and ED use and is closely linked to low health literacy.

CareOne will follow recommended guidelines from the Agency for Health Care Research and Quality (AHRQ) to address literacy barriers in our racially and ethnically diverse population. During the intake visit, all patients will be asked to complete the Rapid Estimate of Adult Literacy in Medicine-Short Form (REALM-SF). The REALM-SF is a seven item word recognition test designed to provide clinicians with a valid quick assessment of patient health literacy. The REALM-SF has been validated and field tested in diverse clinical and research settings and is available in English and in Spanish. Each patient will be given one of the following scores, based on his/her responses: 0= Third grade and below; will not be able to read most low-literacy materials; will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes; 1= Fourth to sixth grade; will need low-literacy materials, may not be able to read prescription labels; 2= Seventh to eighth grade; will struggle with most patient education materials; will not be offended by low-literacy materials; 3= High school; will be able to read most patient education materials. The patient's score will be recorded in the medical record and will be used to guide patient education strategies including instructions regarding medications.

Dr. Leverage will oversee the implementation of the AHRQ Health Literacy Toolkit into the CareOne Clinic. Project staff training and the use of tools designed to promote health literacy among disadvantaged populations are key components of the CareOne clinic. CareOne staff will be required to complete the AHRQ health literacy training programs. In addition, project staff will use the AHRQ Health Literacy Toolkit which is designed to help adult and pediatric practices ensure that systems are in place to promote better understanding by all patients, not just those identified as needing extra assistance. The toolkit is divided into manageable segments so that its implementation can easily fit into a busy practice and includes programs and tools to 1) promote patient empowerment and shared decision making, 2) develop action plans for disease management that incorporate the patient and family perspective, 3) encourage medication management for low-literacy populations, and others. The Health Literacy ToolKit also contains instructional materials for common chronic diseases, such as diabetes, which are designed for use with low-literacy populations. These materials will be compared to existing patient education materials at UF&Shands and incorporated as needed for our population.

## **17. MEASURES USED TO EVALUATE THE PROGRAM**

The CareOne program is designed to accomplish outcomes consistent with the Triple Aim objectives. In particular, CareOne will improve access to care and quality of care and improve the cost-effectiveness of care for high needs medical patients. Potential outcomes of interest for the CareOne program include:

- Number of high needs medical patients enrolled;
- Number of CareOne clinic visits by enrolled patients;
- HEDIS quality of care measures selected based on their relevance to this population (e.g., controlling high blood pressure, comprehensive diabetes care, use of high risk medication in the elderly, potentially harmful drug-disease interactions in the elderly, and pain or antidepressant medication management);
- HRQOL quality of life outcomes as measured by the SF-36;
- Reduction in ED visits and hospital admission below historical baseline by CareOne patients;
- And projections of cost savings resulting from reduction of ED visits and hospital admissions by CareOne patients.

Admissions for scheduled interventions (e.g. cancer chemotherapy, dialysis fistula revision) will be censured. Study covariates include: health status measured using the Clinical Risk Groups (CRGs) and the APR-DRGs, race/ethnicity (white non-Hispanic, black non-Hispanic, Hispanic, and other), age, gender, and family income. The economic analyses will also include an assessment of actual cost savings from reductions in potentially preventable events relative to the cost of running the program. Specifically, we will conduct a cost-effectiveness analysis to determine the economic impact of the intervention.

## **18. DATA COLLECTION, REPORTING CAPABILITIES AND A REPORTING TEMPLATE**

The data described will be collected and reported quarterly according to Demonstration STC #62 template requirements. CareOne staff under the direction of the Clinic Director will coordinate data collection and reporting. Data collection and reporting will also be supported will be performed by CareOne clinic staff, but analysis and reporting will be performed by UF & Shands administration.



**19. LETTER OF COMMITMENT FROM LOCAL MATCH FUND SOURCE**

Attached is a letter from Marvin A Dewar, M.D., J.D, Senior Associate Dean and CEO, University of Florida Physicians committing to matching IGT funds to support LIP grant funding for the CareOne program.

Annual CareOne Budget (Personnel)						
Personnel Position Type	1.0 FTE Salary	Fringe Rate	Fringe Cost	Total Compensation	FTE Requested	Grant Support Requested
Internist	\$ 213,660	18.7%	\$ 39,954	\$ 253,614	0.6	\$ 152,169
Mental Health Physician	\$ 237,400	18.7%	\$ 44,394	\$ 281,794	0.15	\$ 42,269
Social Worker	\$ 61,613	22.0%	\$ 13,555	\$ 75,168	0.6	\$ 45,101
Patient Care Assistant	\$ 32,360	27%	\$ 8,737	\$ 41,097	0.5	\$ 20,549
Nursing Support	\$ 85,800	27%	\$ 23,166	\$ 108,966	0.3	\$ 32,690
Registration/Clerical Support	\$ 35,527	22%	\$ 7,816	\$ 43,343	0.5	\$ 21,671
<b>Total annual recurring costs</b>						\$ 314,448

Annual CareOne Budget (non-personnel)			
Type of expense	patients	per pt/yr	Total\$/year
Transportation	100	\$ 60	\$ 6,000
Medication Costs (Mainly Co-pays)	100	\$ 50	\$ 5,000
Health Literacy Material	\$5,000 per yr		\$ 5,000
<b>Total Annual recurring costs</b>			\$ 16,000

<b>CareOne Grant Request for 1 year</b>	<b>\$ 330,448</b>
<b>Total Grant Request for 2 years</b>	<b>\$ 660,897</b>

University of Florida Physicians  
Senior Associate Dean and CEO  
Associate Dean, Continuing Medical Education

1329 SW 16th Street  
Suite 2170  
PO Box 100354  
Gainesville, FL 32610-0354  
352-265-8309  
352-265-8077 Fax  
dewarma@ufl.edu

July 30, 2012

Justin Senior  
AHCA  
Deputy Secretary Medicaid  
2727 Mahan Drive  
Mail Stop 8  
Tallahassee, FL 32308

Dear Deputy Senior,

I am the Senior Associate Dean and CEO of University of Florida Physicians, which is the clinical practice arm of the University of Florida College of Medicine. I write in support of the Low Income Pool grant application from the Florida Clinical Practice Association titled "Establishing a Post – Discharge Clinic to Prevent Readmissions in High Medical Needs Patients: the CareOne Program. This grant application has the full support of the University of Florida College of Medicine. We do understand that this is a matching grant program and are prepared to provide the required 43% IGT match if awarded the grant. In the event we received this grant award, we would like to confer with your staff on the most appropriate and beneficial timing of IGT transfers and the subsequent receipt of grant funding.

Please feel free to contact me directly if you have any questions. We appreciate the opportunity to compete for this award.

Sincerely,



Marvin Dewar, M.D., J.D.  
Senior Associate Dean and CEO  
University of Florida Physicians  
UF College of Medicine