

House District(s) 1

Senate District(s) 1

THE TWENTY-NINTH LEGISLATURE
APPLICATION FOR GRANTS
CHAPTER 42F, HAWAII REVISED STATUTES

Log No:

For Legislature's Use Only

Type of Grant Request:

GRANT REQUEST – OPERATING

GRANT REQUEST – CAPITAL

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Recipient" means any organization or person receiving a grant.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST (LEAVE BLANK IF UNKNOWN): _____

STATE PROGRAM I.D. NO. (LEAVE BLANK IF UNKNOWN): _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:

Dba: Hospice of Hilo (Hawai'i Care Choices)

Street Address: 1011 Waiuanue Ave. Hilo, HI 96720

Mailing Address: 1011 Waiuanue Ave. Hilo, HI 96720

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name LISA KWEE

Title Development & Education Coordinator

Phone # 808-969-1733

Fax # 808-969-4863

E-mail lisak@hospiceofhilo.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION INCORPORATED IN HAWAII
- FOR PROFIT CORPORATION INCORPORATED IN HAWAII
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL
- OTHER

6. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

CAPACITY BUILDING FOR HOSPICE OF HILO (DBA HAWAII CARE CHOICES)
COMMUNITY BASED PALLIATIVE CARE PROGRAM – KUPU CARE

4. FEDERAL TAX ID #: [REDACTED]

5. STATE TAX ID #: [REDACTED]

7. AMOUNT OF STATE FUNDS REQUESTED:

FISCAL YEAR 2019: \$ 300,000

8. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE

AT THE TIME OF THIS REQUEST:

STATE \$ 300,000.00

FEDERAL \$ _____

COUNTY \$ 50,000

PRIVATE/OTHER \$ 317,200

[REDACTED SIGNATURE]

AUTHORIZED SIGNATURE

BRENDA S. HO, CHIEF EXECUTIVE OFFICER

NAME & TITLE

JANUARY 18, 2018

DATE SIGNED

JAN 19 2018
11:47 AM

A Proposal to The Twenty-Ninth Legislature for Grants, Chapter 42F for \$300,000 to support Hospice of Hilo (dba Hawai'i Care Choices) Palliative Care Program

Background and Summary

The mission of Hospice of Hilo (dba Hawai'i Care Choices) is to improve the lives of those we touch by offering support, guidance and compassionate care of body, mind, and spirit.

Hospice of Hilo, dba Hawai'i Care Choices (HiCare), a private, non-profit 501(c) 3 agency, has compassionately served the end-of-life and bereavement needs of the east and south portions of Hawai'i County since 1983, a geographic area of over 2000 square miles. HiCare serves over 1000 individuals a year, their families and the community, with a proven track record of quality care and support. In all areas of evaluation Hospice of Hilo (dba Hawai'i Care Choices) meets or exceeds national standards for patient care and satisfaction as reported by DEYTA, a national hospice evaluation and reporting company.

HiCare is Medicare certified and a member in good standing with the National Hospice and Palliative Care Organization and Hawai'i Island United Way. The organization has grown from a largely volunteer-based program, with an annual budget of \$250,000 to a structured Medicare program with 86 staff members and approximately 70 volunteers, with a current operating budget of \$7,400,000.

In August 2012, HiCare celebrated the opening of its long-awaited 12-bed inpatient facility. The 14,140 sq. Ft. project is the first of its kind on an island outside of the main island of O'ahu, featuring not only inpatient care but also expanded office and counseling space.

In 2017 services provided:

- **PALLIATIVE CARE:** to **127 patients** in its Community-Based Palliative Care Program – Kupu Care, giving an extra layer of clinical and emotional support to seriously ill patients. Also, HiCare launched (November 2017) Transitions of Care Services with HHSC East Hawai'i Region to improve care for Hilo Medical Center patients moving from inpatient status to home or other care settings. (11 patients served since November 2017)
- **HOSPICE CARE:** to **563 patients**, of which 70% were elderly and/or low-income, in their homes or inpatient care center, ensuring every individual was able to die in a dignified way, surrounded by their loved ones. **161** received comprehensive inpatient care at the Pōhai Mālama Care Center.
- **BEREAVEMENT CARE:** to **560 individuals** from within HiCare programs and outside the community, who received over **3177 hours** (1807 sessions) of free grief support services. Of these individuals served, **91** were children.

Name Change:



As of January 2018, Hospice of Hilo changed its public-facing name to Hawai'i Care Choices (HiCare) to reflect the organization's broader scope of services better. Continuing to have "hospice" as the overall brand name was limiting, no longer accurate, and at times, even a barrier to service referral and acceptance by the community. Hospice continues to be a core service offering, but meeting community needs in the past ten years has meant adding services that go beyond hospice care. With the addition of our Community-Based Palliative Care Program – Kupu Care, and other non-hospice services planned for the future, our new name, Hawai'i Care Choices more correctly communicates who we are.

Palliative ☺ | Hospice ☺ | Bereavement ☺

Our new brand seeks to provide a continuum of care for the progressing, seriously ill. This concept (palliative, hospice, bereavement) allows referral of patients to a single, integrated resource that offers guidance and support long before life's final months.

We are the same people, providing the same care, but as of January 2018, we have a new name.

Please note we are still licensed as Hospice of Hilo and Hospice of Hilo remains our name on accreditations, Medicare/Medicaid certifications, and insurance certificates.

Project Background History

February 2014 – Hawai'i Palliative Care Center (HPCC) Phase 1 launched. Due to the critical need for the program, a limited pilot roll-out of services was initiated while continuing to raise funds to create capacity for the complete program.

2015 – The program was temporarily suspended to reorganize for greater sustainability. A three-year plan was set in motion to create continued patient census growth and increase provider network referrals for its Community-Based Palliative Care (CBPC) Program, leading to more patients accessing palliative care and reduced suffering in our seriously-ill population.

Through a multi-year grant from the Harry & Jeannette Weinberg Foundation, as well as support from the Twenty-Seventh Hawai'i State Legislature and the Hawai'i County Grant-in-Aid programs, year one of the three-year CBPC Program's Capacity Building Plan (re-launched to patients in **April 2016** under the rebranded program: **KUPU CARE**) showed **extremely positive results**.

Year One Goals: FY2015-16	Year One Work Completed
<ul style="list-style-type: none"> Identify current barriers to program acceptance and use in East Hawai'i 	Consultant hired to work with HOH board and leadership. Barriers to program success identified through in-depth review of program focusing on: stakeholders and their needs, addressing patient/caregiver's concerns/objections, and medical/care components of the program.
<ul style="list-style-type: none"> Restructure team and program to break down barriers to access and improve program deliverables 	Consultant, board, and leadership identified improvements to program: components, internal and ancillary mechanics, and key messages to stakeholders.
<ul style="list-style-type: none"> Hire new key team positions 	Hired Clinical Relations Manager, RN, Social Worker and Spiritual Counselor to provide home-based care to the community
<ul style="list-style-type: none"> Rebrand the Palliative Care Program based on results of restructuring 	Rebranded palliative program's name, tagline. Created dedicated program logo, branded colors, and clear messaging that included: Program Introduction Card for Physicians, Informational Flyers, and professionally printed Rack Card.
<ul style="list-style-type: none"> Remarket to/Educate the community and healthcare providers 	Designed and launched program website: www.kupucare.org . Purchased branded tablecloth and fridge magnets and created power point presentation for educational presentations.

2016/2017 –With the continued support of State GIA and County Non-Profit funding, the Palliative Care Program has made great gains in capacity.

Main Goals FY2016-17 as stated in FY16-17 GIA application	Status
1. Increase Patient's Served by a minimum of 30% over FY2016-2017	Done – 34% increase from 2016
2. Expand program to offer palliative care support to serious/chronically ill in new disease categories	Done – Added: <ul style="list-style-type: none"> Advanced Cardiac Disease Advanced Pulmonary Disease Advanced Renal Disease
3. Expand Trainings to health care providers, and Community Education and Awareness Campaign	Done – details below
4. Plan and Launch Telemedicine Component	In Progress – details below
5. Hire Consulting Organization to develop a plan for reform of reimbursement models	Done - Contracted with the National Hospice and Palliative Care Organization (NHPCO) Edge Consultants to assist in development of the reimbursement model that can be used to approach Health Plans
6. Work with insurance providers to reform reimbursement models	In Progress - Drafted and approached HMSA and UHC (two of the largest health plans outside of Medicare in the County) with a proposal

Additional Work Accomplished in 2016-2017	
Applied for and was awarded State Grant-In-Aid and County Non-Profit assistance for palliative program.	<ul style="list-style-type: none"> Submitted an extensive grant application to secure \$250K grant-in-aid award from the state, as well as \$22K from Hawai'i County, in support of community-based palliative care. In presentations and meetings, educated County and State Legislators on Hawai'i island and O'ahu about the benefits of palliative care for community and healthcare system.
Expand the program to incorporate a Care Coordination service to pair with palliative care support to the serious/chronically ill	<ul style="list-style-type: none"> In collaboration with East Hawaii Regional Health System, we have designed and launched a Transitions program to follow patients with complex care needs for 30 days from hospital discharge ...with the primary goal of decreasing preventable re-hospitalization, improving patient and family's health literacy, quality of life & communication/awareness of patient's health situation. The start date for the service was October 9, 2017.
Add staff positions to support expansion of the program in its second year of service, ensuring timely admissions, quality control, and detailed analytics for reporting and program refinement.	Recruited and Hired: <ul style="list-style-type: none"> Care Assistant – 1 FTE Data Analyst – .5 FTE Manager of Operational Excellence – 1 FTE Nurse – 1 FTE Medical Social Worker – 1 FTE Home Care Manager – 1 FTE
Participate in staff development opportunities to ensure proper training of those providing care. Training counted towards continuing education credits.	<ul style="list-style-type: none"> Hospice Marketing & Admissions Conference 2016 → intensive palliative care training, attended by Clinical Relations Manager, Lani Weigert. American Academy of Hospice & Palliative Medicine 2017 → Attended by Hospice & Palliative Care Advanced Nurse Practitioner Gayle Crosley, and Hospice & Palliative Care Physician, Dr. Craig Shikuma.
Join membership organizations to increase knowledge and resources.	<ul style="list-style-type: none"> CAPC (Center for Advancement of Palliative Care) – the nation's leading resource for palliative care development and growth. Membership gives HiCare additional tools, training, technical assistance and metrics needed to support the successful implementation and integration of palliative care. Journal of Palliative Medicine – is the premier peer-reviewed journal covering medical, psychosocial, policy, and legal issues in end-of-life care and relief of suffering for patients with intractable pain. The Journal presents essential information for professionals in hospice/palliative medicine, focusing on improving quality of life for patients and their families, and the latest developments in drug and non-drug treatments.
Expand Community Awareness Campaign – built upon year one marketing campaign successes with website and outreach materials to increase further program understanding and the ability to share service information with the community.	<ul style="list-style-type: none"> Launched New Radio Ads – focusing on a series of Kupu Care Patients, and their caregivers. Campaign consisted of personal interviews, explaining the positive impact Kupu Care had in their lives and encouraging those in the community to access the program's services. Ads were deeply heartfelt and impactful. Hired Videographer to interview staff and patients to compile a video library for use in program outreach. Hired photographer to capture images to compile a photo library for use in program outreach.
Rename and Rebrand entire organization to reduce barriers to service acceptance and increase organization efficiency and outreach.	<ul style="list-style-type: none"> Hired consultant to guide renaming/rebranding process Created new branded look based on new name and clarity of service lines/organizational umbrella Created Transition plan and post-launch follow-up plans, for smooth roll-out Updated Marketing and Organizational Collateral and Visual Touchpoints Created new organizational website. Incorporated palliative care information (www.hawaiicarechoices.org) and collateral. Launched new name and brand January 2018 (Hospice of Hilo → Hawai'i Care Choices)

Goals and Objectives Related to Request

"The nurse visited me at home, taught me about my illness and how I could feel better. Now I can play with my grandson again." – Congestive Heart Failure Patient, Kupu Care (Community-Based Palliative Care)

Main Goals FY2018-2019 – Community-Based Palliative Care
1. Increase Patient's Served by a minimum of 30% over numbers achieved in FY2017-2018
2. Complete Full Launch of Pilot Telemedicine Program (iHomeHealth)
3. Add staff to accommodate more patient categories and growing patient census
4. Contract professional services for program sustainability and assessment
5. Contract professional services for legal assessment and overview
6. Expand Staff Skills Development Training
7. Work with Community Partners to continue expansion of palliative care services locally and statewide
8. Conduct Community Education Campaign – Promoting Continuum of Care, Community-Based Palliative Care Concept

Hospice of Hilo (dba Hawai'i Care Choices) humbly seeks assistance from the Twenty-Ninth Legislature for Grants Chapter 42F in support of continued capacity building for its Palliative Care Services – with a focus on its Community-Based Palliative Care program – Kupu Care.

Public Purpose and Need to be Served

RATIONALE FOR PALLIATIVE CARE — The aging of the population, the success of high technology medicine at prolonging the lives of those who remain seriously ill, and the increasingly fragmented medical system make it difficult for clinicians to provide the full range of services required by patients with serious illness and their families. Studies have shown that patients with one or more chronic conditions represent approximately 5% of the total patient population but account for more than half of health care costs. **These High Need High Cost (HNHC) individuals suffer from the most complex health and social needs, requiring the majority of healthcare resource allocation.**

Multiple studies have shown that, across a range of serious illnesses (cancer, dementia, end-stage renal disease, cardiopulmonary failure), palliative care services improve patients' symptoms and the quality of end of life care, allow patients to avoid hospitalization and to remain safely and adequately cared for at home, lead to better patient and family satisfaction, and significantly reduce prolonged grief and post-traumatic stress disorder among bereaved family members.

In the past 18 months, the demand for and impact of our Community-Based Palliative Care program (Kupu Care) for seriously ill patients has grown. Data from the second year of service, for Congestive Heart Failure (CHF) and Cancer patients showed a 79% overall reduction in ER visits, a 78% overall decrease in hospital admission rates, and a 75% overall decrease in ICU days, when compared to experience before palliative care services.

Hawai'i Care Choices' Community Based Palliative Care Program, treats the **whole** person. This whole approach matches a growing body of research looking at **social determinates of health** – the palliative care model addresses more than pain management; it also treats the physical, spiritual, and emotional needs of the patient. **As the Nation and the state of Hawai'i look at population health, healthcare reform and physician payment reform, the models, and cost-savings, found in palliative care are the solution for the future.**

Hawai'i Care Choices' palliative care program seeks to:

- Deliver high quality, well-coordinated medical care, at a lower cost; accessible to all income levels
- Target not only pain and symptom management but also the social determinates of health
- Establish patient's goals of care through skilled communication and management of complex pain and symptoms, meeting seriously-ill patient's needs and helping avoid unwanted and expensive crisis care
- Increase patient and family satisfaction, while improving patient's quality of life

Leading to:

better outcomes for populations,
better patient experience of care, and
lower total costs on the health care system.

Target Population to be Served

Hawai'i Care Choices serves a market with a high population of Medicare enrollees, many of whom are dually eligible for Medicaid. As our island's senior population continues to grow, and health care focus shifts from acute to chronic illnesses, the need to change from one-time interventions that correct a single problem to the ongoing management of multiple diseases, disabilities, and complex social issues increases.

- **Palliative programs offered in collaboration→**
 - Our newly launched Transitions program, in partnership with HHSC East Hawai'i Region seeks to improve transitions care for patients from inpatient status to home or other care settings – this 30-day program's goal is to improve quality of care, reduce readmissions to Hilo Medical Center for high-risk beneficiaries, and achieve cost savings for patients within the last 18 months of life.
- **Palliative program offered directly from Hawai'i Care Choices→**
 - Kupu Care is our Community-Based Palliative Care Program, piloted for Cancer and Congestive Heart Failure patients, and now adding **Advanced Cardiac, Advanced Pulmonary and Advanced Renal Disease** patients to its qualifying diagnoses.

The poverty rates of our East Hawai'i community are double and triple the average rates in the State of Hawai'i and make up the majority of our service area. These are potential patients and families who face great barriers to accessing preventative health care, comprehensive education and support about their clinical options and needs and are most likely to wait until a crisis emerges before going to the emergency room for care.

Of the 127 patients served in 2017 through our Community-Based Palliative Care Program, Kupu Care→ 46% of patients meet the Medicaid poverty eligibility criterion (138% of the Federal poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2))

Case Studies:

Patient: Female **Age:** Early 50's **Diagnosis:** Cancer **Location:** Kurtistown

Patient referred by her insurance plan caseworker who felt she needed additional care coordination and support. Disabled and unable to work due to her cancer, patient is currently living in a screened in shack with no running water or electricity in a rural subdivision. Patient would like to find a place to live in Hilo, as the drive to pick up medications is painful, pain medication makes her sleepy and fuel is expensive. Patient has a history of depression with attempts of suicide, causing the type of pain medication required to be in a low dose. Close oversight of her medication is key to managing her pain and depression, so near attempts on her life can be avoided. Care provided by the Kupu Care multidisciplinary team improved overall quality of life through:

- 1) **Reduced pain**, initially reported as a 10 (on a scale of 1 to 10, ten being the highest) is now a six by recommending her physician prescribe a slightly higher dose of pain medication yet not high enough to be a danger to herself.
- 2) **Reduced symptoms** of nausea and depression, reported as a 10 and are now a five by making slight changes to

medication regimen, and emotional support therapy.

- 3) **Reduced number of visits to the ER** from 2 visits a month to zero in the first month of care.

Patient: Male Age: Mid-50's Diagnosis: CHF Location: Kea'au

Patient referred by his primary care provider - lived in a shed put together with wood found on the roadside. With no running water, indoor plumbing or electricity, patient's living conditions were both unsanitary and unclean. A steel bucket served as his receptacle for his bodily waste which was kept next to him while the Kupu Care team assessed him. Living with his on again off again estranged wife, and three dogs, he had a history of drug and alcohol abuse, spouse abuse and mental health issues. After comprehensive care coordination, patient eventually reunited and moved in with his estranged brother. Care provided by the multidisciplinary team has improved overall quality of life through:

- 1) **Reduced pain**, which was reported as a 10 (on a scale of 1 to 10, ten being the highest) and reduced to 4 by advocating for patient with primary care physician to get needed pain medication.
- 2) **Reduced symptoms** of dental, chest and abdominal pain caused by his congestive heart failure which was reported as a 10, and are now a four by making changes in his medication and access to regular doctor's care by arranging free transportation to Pāhoehoe Bay Clinic.
- 3) **Reduced number of visits to the ER** from 5 visits a month to 2 visit in two months because he feels better physically and mentally due to the support provided by Kupu Care.

Patient: Male Age: 47 Diagnosis: CHF Location: Keaukaha

Patient referred by Emergency Medical Team who operates the County ambulance service. They identified this patient as calling 911, three to six times a month to go to the ER due to pain and shortness of breath. Patient is on Medicaid, living alone in a storage container without running water or electricity, in the backyard of an estranged family member. He would often call 911 as he couldn't afford to pay the co-payment when visiting his doctor, ER would provide service without collecting a co-pay from him. Patient suffers from advanced CHF, and with a minimal budget and no transportation is unable to get healthy, fresh food, go to the doctor or pick up his medicine. He is an ex-convict and unable to qualify for public housing. He also has a history of drug abuse, making access to medications challenging to manage his pain. Most of his meager income (under \$500 per month) is used for his medications. He does not own a car so chooses to stay confined to his storage container. Care provided by the multidisciplinary team has improved overall quality of life through:

- 1) **Reduced pain**, which was reported as a 10 (on a scale of 1 to 10, ten being the highest) is now a three by prescribing different medications at slightly different dosages.
- 2) **Reduced symptoms**, such as swelling in his legs, and shortness of breath, loss of appetite and constipation which was reported as a 9, and are now a two by making changes to his diet, adding walking and medication changes to his daily regimen.
- 3) **Reduced number of visits to the ER** from 6 visits a month to 1 visit in two months as patient feels better physically and emotionally.
- 4) **Medication oversight** resulted in special arrangements to have patient's monthly medication verified and delivered directly to him ---by pharmacy staff. This alone has helped to stabilize his symptoms, resulting in more comfort and support for the patient.
- 5) **Access to food** by connecting patient to Meals on Wheels that delivers food daily directly to him.

Geographic Coverage

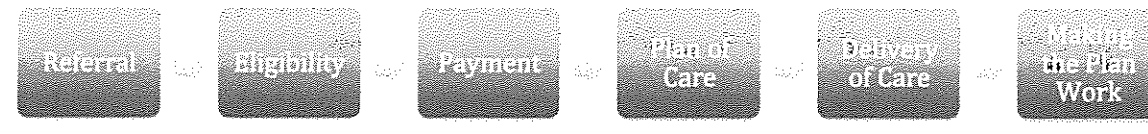
Hospice of Hilo's (dba Hawai'i Care Choices) service area covers 60% of the population of Hawai'i Island (Total Population Estimate 198,449 – 2016 Census Data) from Laupāhoehoe to Ka'ū – South Point, a driving distance of 97.6 miles. East Hawai'i consists of an extraordinarily diverse region- socio-economically, culturally and almost just as important, topographically.

Hawai'i County residents aged 65 and older total 19.1%, the highest amount of seniors per population in the state. Additionally, those living in poverty total 15.4% – the highest level statewide as well. On the neighbor islands, Hawai'i County also sees the highest level of Veterans at 15,079. Hawai'i County, by far, is the largest rural area statewide, and the majority of its population are counted as rural residents. **The geographic challenges and population makeup of the service area create the greatest diversity of need out of any hospice and palliative care agency in the state.**

Service Summary and Outcomes

The program's main goals 1-8, in the chart on page four, represent the overall focus of our growing program over the next year (GIA grant year – FY 2018-2019).

Scope, Tasks and, Responsibilities – Kupu Care Program



REFERRAL

A Palliative Care referral is initiated by either the person's Primary Care Physician (PCP), Specialist, ER physician, Hospitalist, Hospital Discharge Planning Department, Emergency Medical Technician, Public Health Nurse, County Office of Aging, or self-referral from the patient and/or family to the Palliative Care Assistant.

ELIGIBILITY

The PCP is sent a request for patient medical and insurance information. Once all the medical records are received, and a qualifying diagnosis is confirmed the patient is contacted directly to set up an initial visit by our Licensed Clinical Social Worker to offer the consultative services of the program and do the first assessment.

PAYMENT

Under the current Medicaid Part B reimbursement model, we are required to validate whether there is a co-pay and to pass on the co-pay to the patient. **Our Kupu Care program is currently able to recoup less than 1% of the cost of providing care.** Until reimbursement models are reformed, the remaining cost of care is covered by grants, fundraising, and private donors.

PLAN of CARE

The purpose of the Plan of Care is to improve the patient's Quality of Life by reducing and relieving the physical signs of the disease, such as pain, nausea, dizziness, lack of appetite, exhaustion, constipation and other symptoms with medications, therapy, education of the disease and actions that can be taken by the patient such as simple exercises or a change in diet. The Plan of Care also helps ease stress about emotional and/or social worries.

- **1st Visit:** Social Worker explains program benefits and assesses patient's psych-social needs and home environment.
- **2nd Visit:** Nurse Practitioner (APRN) does a full medical assessment of the patient, and documents her recommendations for the patient-centered plan of care for team review.
- **3rd Visit:** RN visits the patient after reviewing the recommendations from both Nurse Practitioner and Social Worker and sets up care parameters. With all information gathered, the RN will discuss the goals of care with patient, and other family members designated by the patient.
- **Once agreement is reached** on the patient-centered plan of care outlining the goals, the plan is documented, discussed with patient's PCP for input and/or changes and shared with the Palliative Care Team. A copy of the plan is then distributed to the patient and any other person the patient designates, along with the patient's PCP and specialists involved in treating the patient. The process is highly collaborative.

DELIVERING CARE

The RN teaches the patient how to measure and keep track of health parameters outlined in

the agreed plan of care, such as keeping a log of their daily weight and blood pressure. The RN also reviews all medications in the home, discussing the dosing and frequency of taking the medication with the patient and educating him/her on the purpose of each.

Medication reconciliation for the patient is a key program component, as many patients keep medications prescribed by their PCP, Specialist, ER doctors and Hospitalists, that are often expired, belongs to a deceased relative or are in conflict with other medications, causing more or worsening symptoms.

The Nurse Practitioner (APRN), RN, Social Worker and Spiritual Counselor provide consistent support as deemed needed by Plan of Care in the patient's home, at doctor's office or by phone. These visits also include the patient's family and/or caregiver, who may need support as well. Trained volunteer support is also offered to provide respite.

MAKING the PLAN WORK

Patient presented at Palliative Care Program's staff meeting at least every 15 days where the Plan of Care is reviewed. Monthly updates on the patient's status are sent to both the patient's PCP and Specialists.

TELEMEDICINE:

Telemedicine is the use of telecommunication and information technology to provide clinical health care from a distance, improving communication and access. It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities.

The rural nature of our service area, coupled with its high poverty rate and seniors over the age of 65, creates special challenges for its residents. Geographic distance and topographic challenges due to lack of safe roads, or infrastructure, create circumstances where one patient may take 10 minutes to reach, and their circumstances allow for a one-hour visit, while another, which is just twice the distance away, will take hours to reach. And because of the patient's severe illness and symptoms or the dynamics within the family, can take half a day to stabilize or mediate.

Many patients in the East Hawai'i service area are challenged with:

- Long travel distances from their place of residence to reach their health care provider
- Lack of reliable transportation
- Chronic conditions which make travel painful, and sometimes dangerous

With telemedicine, remote patient monitoring through mobile technology allows patients:

- to reduce the need for outpatient visits
- enable daily health monitoring, remote prescription verification, and drug administration oversight

Patients and families residing in rural areas deserve the same level of care and support as those living in easily reachable locations. In FY2017-2018, with funding secured from state, county, local foundations and private donors (Total awarded \$70,000), we launched our telemedicine pilot and have contracted with provider, iHomeHealth. **As of January 2018, we are completing staff trainings to allow for program roll-out to patients by month's end. Our care team will be able to provide participants with real-time oversight, ensuring better health outcomes for the patient, while reducing the overall cost of care.**

Projected Annual Timeline

All main goals for FY 2018-2019 are projected to be accomplished by the end of the grant year, given adequate funding support is secured.

Assurance and Evaluation

The complexity of Hospice of Hilo's (dba Hawai'i Care Choices) operations and services are reflected in an effective, ongoing, organization-wide and data-driven quality assessment and performance improvement (QAPI) program. The QAPI Program encompasses all aspects (clinical and non-clinical) of the operations and services. The program monitors the effectiveness of services provided and target areas for improvement in the areas of patient outcomes, processes of care, other services and overall agency operations.

HiCare's Mission, Vision and, Values provide the fundamental platform for the QAPI program. The strategic direction developed by the Board of Directors provides the framework for the QAPI Plan. Additionally, the Hospice and Palliative Care Organization (NHPCO) Ten Components of Quality and the Centers for Medicare and Medicaid Services (CMS) Hospice Condition of Participations (CoPs) rules provides guidance in formulating the plan.

HiCare values community and client feedback, therefore every program that touches a client and their family, and each outreach presentation conducted, includes evaluation surveys.

Also, HiCare's newly hired experienced Data Analyst is skilled at translating data in the medical field. With this new addition, our ability to analyze and translate the numbers that impact our community has expanded exponentially.

Measures of Effectiveness 1-8

Performance Measure – Objective 1: Increase Patient's served
<ul style="list-style-type: none"> Increase patients served by a minimum of 30% over numbers achieved in FY 2017-2018
Performance Measure – Objective 2: Complete full launch of pilot Telemedicine Program
<ul style="list-style-type: none"> Solidify and a continue to expand utilization of technology through telehealth, including phone devices, and incorporate into delivery of care
Performance Measure – Objective 3: Add staff to accommodate increased patient categories and increase in patient census
<ul style="list-style-type: none"> 1 FTE: Nurse, Spiritual Counselor, and Volunteer Assistant 5 FTE: Medical Social Worker
Performance Measure – Objective 4: Contract Professional Services of program sustainability/ assessment
<ul style="list-style-type: none"> Conduct a sustainability and community assessment for program design, growth and strategic planning
Performance Measure – Objective 5: Contract Professional Services for legal assessment/overview
<ul style="list-style-type: none"> Conduct legal assessment and overview to ensure appropriate compliance within established healthcare and business regulations
Performance Measure – Objective 6: Expand Staff Skills Development Training
<ul style="list-style-type: none"> Increase staff capacity through development engagement at conferences, workshops, etc.
Performance Measure – Objective 7: Work with Community Partners to continue expansion of palliative care services locally and statewide
<ul style="list-style-type: none"> Continue advocacy work with community partners such as Community First, East Hawaii IPA, HHSC East Hawai'i Region, Regional Health Improvement Collaborative (RHIC), Kōkua Mau, American Cancer Society Cancer Action Network, Healthcare Association of Hawai'i (HAH), DOH and Med-Quest, Hawaii 'Ohana Nui Project Expansion (HOPE) Program
Performance Measure – Objective 8: Conduct Community Education Campaign – Promoting Continuum of Care, Community-Based Palliative Care Concept
<ul style="list-style-type: none"> Targeted ad campaign through radio and other media outlets Educational tabloid in collaboration with Hawaii Tribune Herald Expanded use of recently launched website (www.hawaiicarechoices.org) - analytics Press releases and stories Social Media expansion - analytics

Financial – Budget

Budget Attached.

Quarterly Funding Request:

<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>	<i>Quarter 4</i>	<i>Total Grant</i>
\$75,000	\$75,000	\$75,000	\$75,000	\$300,000

FY2018-2019 Additional Requested Sources of Funding:

<i>Funding Source</i>	<i>FY2018-2019 Estimate</i>
County Non-Profit	\$50,000
Other Foundations / Private Donors	\$317,200
Total:	\$367,200

Tax Credits: Hospice of Hilo (dba Hawai'i Care Choices) has not received state or federal tax credits in the last three years. Hospice of Hilo does not anticipate applying for any state or federal tax credits pertaining to capital projects in the near future.

Government Contracts List – Attached.

Balance of Unrestricted Current Assets as of December 31, 2016:

\$9,200,863.50

Experience and Capability

Necessary Skills and Experience

Hospice of Hilo (dba Hawai'i Care Choices) has compassionately served the end-of-life and bereavement needs of the east and south portions of Hawai'i County since 1983. The organization is Medicare certified and a member in good standing with the National Hospice and Palliative Care Organization and Kōkua Mau: Hawai'i's Statewide Association of Hospice and Palliative Care. Hospice of Hilo is also a longstanding partner of Hawai'i Island United Way. Overseen by a 15-member board of directors made up of prominent community leaders, the agency serves over 1000 individuals a year, their families and the community. (See Attachment A—Board of Directors)

The 86 members of the organization's staff and management team bring a wealth of training and experience to every interaction. Each doctor, nurse, social worker and counselor employed by Hospice of Hilo (dba Hawai'i Care Choices) approaches their work with an acute understanding of the needs of those who are seriously ill and approaching the end-of-life.

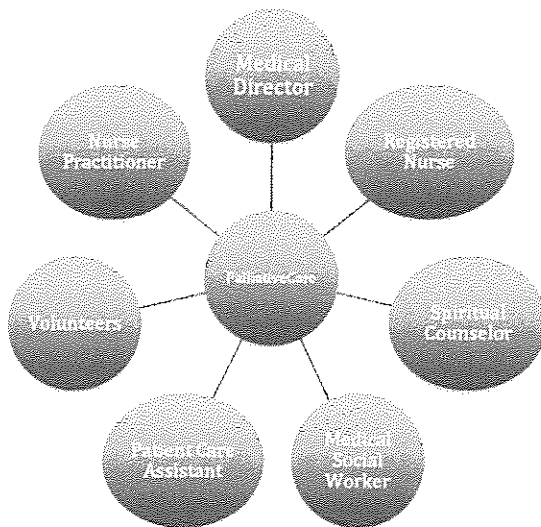
Since the opening of Kupu Care-Community-Based Palliative Care, the organization has worked tirelessly to form vital bridges with other crucial health care providers and organizations, collaborating to educate their staff and encouraging them to educate each other and the community on the importance of palliative care, all while providing palliative care consultation services and support for patients and their families.

Facilities

The palliative care program offices are housed in the organization's main administrative building located at 1011 Waiānuenue Ave, Hilo, HI 96720. Kupu Care palliative care support is provided either at the patient's home, private care home or in conjunction with a doctor's visit at the doctor's office.

Personnel: Project Organization and Staffing

Staffing Pattern



- **Medical Director** – MD for patients enrolled in the palliative care program.
- **Nurse Practitioner (APRN)** – Able to prescribe medication, and diagnose and treat acute, episodic, or chronic illnesses
- **Registered Nurse (RN)** – Provides general healthcare support to APRN and MD, certified in hospice and palliative care
- **Medical Social Worker (LCSW)** – Assists patient and family with resources and Advanced Health Care Directives
- **Spiritual Counselor** – Addresses patient and family's spiritual needs, including anticipatory grief
- **Patient Care Assistant** – Schedules appointments, keeps records and aids in tracking information
- **Volunteers** – Offer lite household chore support, companionship, and vital caregiver respite.

*Additional support staff – Human Resources, Medical Billing, Volunteer Coordinator

Supervision and Training

Lynda M. Dolan, MD—Medical Director

The palliative care program is overseen by Dr. Lynda Dolan, a practicing Family Medicine doctor in Hilo. Dr. Dolan serves as the Vice President of the East Hawaii Independent Physicians Association and is affiliated with multiple hospitals in the area, including Hale Ho'ola Hāmākua and Hilo Medical Center. She received her medical degree from State University of New York Upstate Medical University and has been in practice for more than 20 years. As the Medical Director for all programs under the Hospice of Hilo (dba Hawai'i Care Choices) umbrella, Dr. Dolan provides direction and has overall responsibility for all medical aspects of the palliative care program. She is part of the Interdisciplinary Team and works in cooperation with a patient's primary care physician.

Lani Weigert – Clinical Relations Manager

As the Clinical Relations Manager, Lani brings over 30 years of Marketing Development and Public Relations expertise into the organization from years within the tourism, business and leadership sectors. Lani supports the work of our community's physicians by connecting them with the Palliative Care team. Also, Lani is available to answer any questions about our palliative care programs from interested patients and their family members. Lani also provides educational forums to community groups about the benefits of palliative care.

Brenda S. Ho, MS, RN – Chief Executive Officer

Providing general oversight and direction for the palliative care program is CEO, Brenda S. Ho, MS, RN. Brenda oversees and is responsible for the overall daily management and administration of Hospice of Hilo (dba Hawai'i Care Choices). Under the general direction of the board of directors and in accordance with policies set forth by the board, she has full authority over the approved budget and programs. Brenda's exceptional leadership has led the organization from a small agency serving an annual census of 40 patients in 1990, to an organization with an average annual census of over 700 patients in 2017.

In July 2016, Brenda returned to the Board of the Hawai'i Healthcare System Corporation's East Hawai'i Regional Board after serving two consecutive terms from 2007-2014. She also serves on the board of Kōkua Mau (the state-wide Hospice and Palliative Care Organization) and is a member of the Steering Committee of the East Hawai'i Regional Health Improvement Collaborative (RHIC).

Organization Chart

See Attachment B – Current Hospice of Hilo (dba Hawai'i Care Choices) Organization Chart

Compensation

Chief Executive Officer	\$160,225
Nurse Practitioner (APRN)	\$131,000
Director of Operations	\$97,000

Other

Litigation

No pending litigation or outstanding judgments.

Licensure or Accreditation

Hospice of Hilo (dba Hawai'i Care Choices) is Medicare certified and in good standing regarding all Medicare conditions of participation.

Private Educational Institutions

Award will not be used to support of benefit a sectarian or non-sectarian private educational institution.

Future Sustainability Plan

Hospice of Hilo's (dba Hawai'i Care Choices) palliative care program is a true community-driven effort. Since its piloted roll-out in 2014, its work has been in partnership/collaboration with local community groups and healthcare providers, all with the same vision, improvement of the **triple aim: better health, better care, and sustainable costs.**

When Hospice of Hilo originally launched its palliative care service in 2014, the organization applied and was credentialed as a Part B Medicare and Physician Practice provider. With this designation, we are only able to bill for patient encounters with our providers and licensed clinical social workers. **This covers about less than 1% of the cost of running the program.**

Experts agree that the biggest challenge to the long-term success of Community-Based Palliative Care (CBPC) programs, such as Kupu Care, is securing the funding to support an effective program at a level that not only is sustainable but also allows room to grow. To reach long-term sustainability payment reform must be achieved. Our work continues creating a **marketable pricing package that is a value-based model which will help the program be successful in obtaining agreements with all of the insurance providers in the State of Hawai'i, including Medicare.**

Goals 4 and 5 for FY2018-2019, **Contracted Professional Services**, (found under Line Item 9 – other current expenses, budget request by source of funds), addresses the fact that CBPC is new to the state, but not new to rest of the nation. Up until this point, Hospice of Hilo (dba Hawai'i Care Choices) has used its limited internal resources to design and test its CBPC. It is vital that we hire outside professional support to vet the emerging program model for all legal and sustainability requirements to take the program to the next level, as well as ensure it is **duplicatable to the rest of the state.**

In the last two years of service, we have seen **improvement in outcomes** for high-need, high-cost individuals who accessed our palliative service, as well as **created cost savings** for HHSC East Hawai'i Region. Thanks to ongoing support from government, foundations and private donors we have continued to **expand capacity and reach** each year.

It is Hospice of Hilo's hope that the State continues its decades-old tradition of visionary leadership in healthcare by pledging its continued support behind this emerging model of care which is proving to positively affect the health and well-being of the residents of Hawai'i County and can be a model for other CBPC programs statewide. As a recent vision report from Med-Quest Hawaii 'Ohana Nui Project Expansion (HOPE) Program outlines, "the health and well-being of individuals with complex needs must be addressed in order to begin to bend the cost curve."

Support from the Twenty-Ninth Legislature through grant funds Chapter 42F during FY2018-2019 is critical to the continuation of program services and growth, as we work diligently to achieve payment reform through the establishment of a new reimbursement model. **Due to current low Medicare and insurance reimbursement rates, that do not cover the total cost of providing this vitally needed care** Hospice of Hilo (dba Hawai'i Care Choices) needs the time to create a marketable pricing package to insurers in order achieve ultimate sustainability.

Certificate of Good Standing

See Attachment C – Certificate of Good Standing

Declaration Statement

See Attachment D – Declaration Statement

Public Purpose

The award will be used for the public benefit as required by section 42F-102.

BUDGET REQUEST BY SOURCE OF FUNDS

Period: July 1, 2018 to June 30, 2019

Applicant: Hospice of Hilo, also known as Hawaii Care Choices

BUDGET CATEGORIES	Total State Funds Requested (a)	Total Federal Funds Requested (b)	Total County Funds Requested (c)	Total Private/Other Funds Requested (d)
A. PERSONNEL COST				
1. Salaries	186,600		50,000	252,000
2. Payroll Taxes & Assessments	18,000			20,000
3. Fringe Benefits	15,000			18,000
TOTAL PERSONNEL COST	219,600		50,000	290,000
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	1,400			1,200
2. Insurance				
3. Lease/Rental of Equipment				
4. Lease/Rental of Space				
5. Staff Training - Skills Development	8,000			2,000
6. Supplies				
7. Telecommunication				
8. Utilities				
9. Contracted Professional Services	51,000			4,000
10. Community Education Campaign	20,000			20,000
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	80,400			27,200
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	300,000		50,000	317,200
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	300,000	Lisa Kwee, Development & Education Coordinat		808-969-1733
(b) Total Federal Funds Requested	0	[REDACTED]		Phone
(c) Total County Funds Requested	50,000			1-18-18
(d) Total Private/Other Funds Requested	317,200	Signature of Authorized Official		Date
TOTAL BUDGET	667,200	Brenda S. Ho, CEO Name and Title (Please type or print)		

BUDGET JUSTIFICATION - PERSONNEL SALARIES AND WAGES

Period: July 1, 2018 to June 30, 2019

Hospice of Hilo, dba Hawai'i Care Choices

POSITION TITLE	FULL TIME EQUIVALENT	ANNUAL SALARY A	% OF TIME ALLOCATED TO GRANT REQUEST B	TOTAL STATE FUNDS REQUESTED (A x B)
Nurse Practioner	1	\$131,325.00	20.00%	\$ 26,265.00
Registered Nurse	2	\$166,000.00	100.00%	\$ 166,000.00
Medical Social Worker	1.5	\$85,800.00	100.00%	\$ 85,800.00
Patient Care Assistant	1	\$32,960.00	100.00%	\$ 32,960.00
Spiritual Counselor	1	\$64,272.00	10.00%	\$ 6,427.20
Spiritual Counselor	1	\$64,272.00	100.00%	\$ 64,272.00
Clinical Relations Manager	1	\$75,026.00	75.00%	\$ 56,269.50
Home Care Manager	1	\$84,400.00	20.00%	\$ 16,880.00
Volunteer Assistant	1	\$33,280.00	100.00%	\$ 33,280.00
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL:				488,153.70
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - EQUIPMENT AND MOTOR VEHICLES

Period: July 1, 2018 to June 30, 2019

Applicant: _Hospice of Hilo (dba Hawai'i Care Choices)

DESCRIPTION EQUIPMENT	NO. OF ITEMS	COST PER ITEM	TOTAL COST	TOTAL BUDGETED
Not Applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	
JUSTIFICATION/COMMENTS:				

DESCRIPTION OF MOTOR VEHICLE	NO. OF VEHICLES	COST PER VEHICLE	TOTAL COST	TOTAL BUDGETED
Not Applicable			\$ -	
			\$ -	
			\$ -	
			\$ -	
			\$ -	
TOTAL:			\$ -	
JUSTIFICATION/COMMENTS:				

BUDGET JUSTIFICATION - CAPITAL PROJECT DETAILS

Period: July 1, 2018 to June 30, 2019

Applicant: Hospice of Hilo, dba Hawai'i Care Chc

FUNDING AMOUNT REQUESTED						
TOTAL PROJECT COST	ALL SOURCES OF FUNDS RECEIVED IN PRIOR YEARS		STATE FUNDS REQUESTED	OTHER SOURCES OF FUNDS REQUESTED	FUNDING REQUIRED IN SUCCEEDING YEARS	
	FY: 2016-2017	FY: 2017-2018	FY:2018-2019	FY:2018-2019	FY:2019-2020	FY:2020-2021
PLANS			X			
LAND ACQUISITION			X			
DESIGN			X			
CONSTRUCTION			X			
EQUIPMENT			X			
TOTAL:			X			
JUSTIFICATION/COMMENTS: <div style="text-align: center;">Not requesting captial funds - Not Applicajble</div>						

GOVERNMENT CONTRACTS, GRANTS, AND / OR GRANTS IN AID

App: Hospice of Hilo (dba Hawai'i Care Choices)

Contracts Total: 552,313

	CONTRACT DESCRIPTION	EFFECTIVE DATES	AGENCY	GOVERNMENT ENTITY (U.S. / State / Haw / Hon / Kau / Mau)	CONTRACT VALUE
1	Hawaii Island - County Nonprofit	FY2012-13	County-HawaiiIsland	County-Hawaii Isla	62,250
2	Hawaii Island - County Nonprofit	FY2013-14	County-HawaiiIsland	County-HawaiiIsland	45,000
3	Hawaii Island - County Nonprofit	FY2014-15	County-HawaiiIsland	County-HawaiiIsland	45,000
4	Hawaii Island - County Nonprofit	FY2015-16	R&D	County-HawaiiIsland	15,000
5	Hawaii Island - County Nonprofit	FY2015-16	R&D	County-HawaiiIsland	11,000
6	State of Hawaii GIA	FY2015-16	Executive Office of Aging	State of Hawaii	90,000
7	Hawaii Island - County Nonprofit	FY2016-17	County-HawaiiIsland	County-HawaiiIsland	11,750
8	Hawaii Island - County Nonprofit	FY2017-18	County-HawaiiIsland	County-HawaiiIsland	22,313
9	State of Hawaii GIA	FY2017-18	Executive Office of Aging	State of Hawaii	250,000
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					



Board of Directors

(as of 01/15/18)

President – Paul Ferreira

Chief of Police

Vice President – William Hartman, MD

Gastroenterologist

Secretary – Claire Shigeoka

Retired Director of Human Resources

Treasurer – Haidee Abe

Business Banking Officer

Tom DeWitt, PhD – University Professor

Jeracah Lawless – Director of Human Resources

Rev. Junshin Miyazaki – Resident Minister

Susan Mochizuki – Administrator

Roy Nakamoto - Attorney

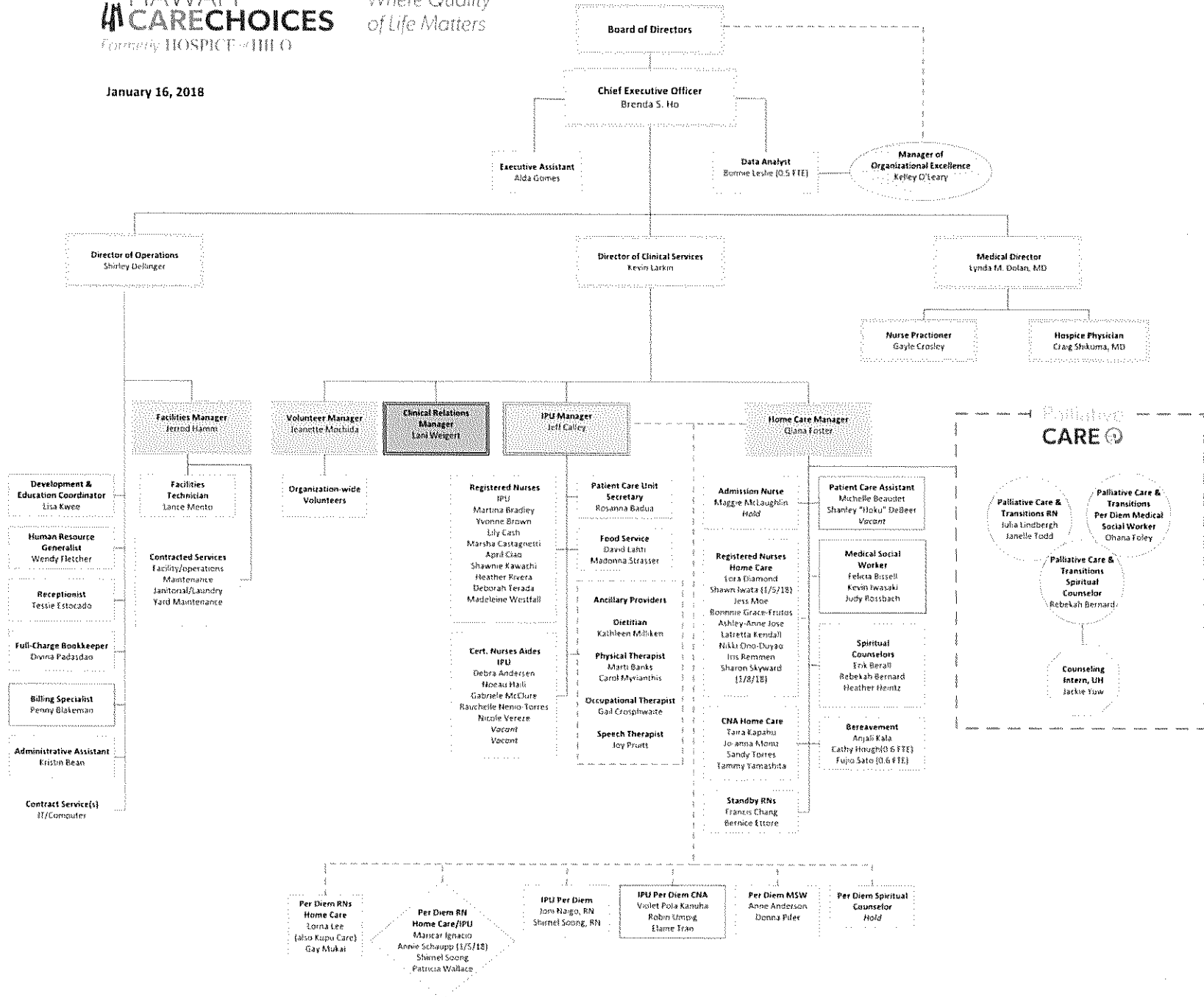
Marcie Saquing – Parent Educator/Student Activities Coordinator

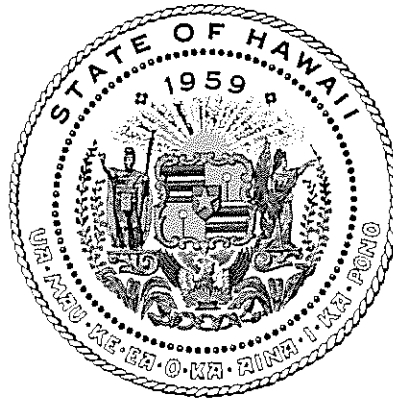
Christine Takahashi – RN, EMR Director/CDI Director

Kevin Wilcox, MD – Oncologist

Brenda S. Ho – Chief Executive Officer (HOH/HiCare)

January 16, 2018





Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that

HOSPICE OF HILO

was incorporated under the laws of Hawaii on 01/10/1980 ; that it is an existing nonprofit corporation; and that, as far as the records of this Department reveal, has complied with all of the provisions of the Hawaii Nonprofit Corporations Act, regulating domestic nonprofit corporations.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: January 16, 2018

Director of Commerce and Consumer Affairs



**DECLARATION STATEMENT OF
APPLICANTS FOR GRANTS PURSUANT TO
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant certifies the following:

- 1) The applicant meets and will comply with all of the following standards for the award of grants pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant is awarded;
 - b) Complies with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
 - c) Agrees not to use state funds for entertainment or lobbying activities; and
 - d) Allows the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant.
- 2) If the applicant is an organization, the applicant meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is incorporated under the laws of the State; and
 - b) Has bylaws or policies that describe the manner in which the activities or services for which a grant is awarded shall be conducted or provided.
- 3) If the applicant is a non-profit organization, it meets the following requirements pursuant to Section 42F-103, Hawaii Revised Statutes:
 - a) Is determined and designated to be a non-profit organization by the Internal Revenue Service; and
 - b) Has a governing board whose members have no material conflict of interest and serve without compensation.

Pursuant to Section 42F-103, Hawaii Revised Statutes, for grants used for the acquisition of land, when the organization discontinues the activities or services on the land acquired for which the grant was awarded and disposes of the land in fee simple or by lease, the organization shall negotiate with the expending agency for a lump sum or installment repayment to the State of the amount of the grant used for the acquisition of the land.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Hospice of Hilo (dba Hawaii Care Choices)

()

(Signature)

January 18, 2018
(Date)

Brenda S. Ho
(Typed Name)

Chief Executive Officer
(Title)